SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE MAY/0: $125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:29

DOCUMENT # **P93000042263 (2)**

1. Corporation Name

SOUTH CENTRAL, INC.

Principal Place of Business	Mailing Address
725 WEST S.R. 434 LONGWOOD FL 32750	725 WEST S.R. 434 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/15/1993	06/20/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

4. FEI Number
59-3187594
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILSON, ANTHONY 725 WEST S.R. 434 LONGWOOD FL 32750	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: A Wilson ANTHONY WILSON 6/14/95
(Signature and typed or printed name of registered agent and the date. Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D P	11 TITLE	DP ☒ Change ☐ Addition
NAME	WILSON, ANTHONY	12 NAME	WILSON, ANTHONY
STREET ADDRESS	725 WEST S.R. 434	13 STREET ADDRESS	725 WEST S.R. 434
CITY ST ZIP	LONGWOOD FL 32750	14 CITY ST ZIP	LONGWOOD, FL 32750
TITLE	D	21 TITLE	D ☐ Change ☒ Addition
NAME	WILSON, HARRIETTE	22 NAME	WILSON, HARRIETTE
STREET ADDRESS	725 WEST S.R. 434	23 STREET ADDRESS	725 WEST S.R. 434
CITY ST ZIP	LONGWOOD, FL 32750	24 CITY ST ZIP	LONGWOOD FL 32750
TITLE	D	31 TITLE	D ☐ Change ☒ Addition
NAME	HOLIHAN, RANDY	32 NAME	HOLIHAN, RANDY
STREET ADDRESS	725 WEST S.R. 434	33 STREET ADDRESS	725 WEST S.R. 434
CITY ST ZIP	LONGWOOD, FL 32750	34 CITY ST ZIP	LONGWOOD, FL 32750
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: A Wilson ANTHONY WILSON 6/14/95 800-200-4564
(SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

AMOUNT OF