

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000068858**1. Entity Name
DEEP SOUTH SUPPLY COMPANY

Principal Place of Business	Mailing Address
2110 SOUTH ADAMS STREET	679 BLACKSHEAR DR
STE. E	STE. E
TALLAHASSEE FL	THOMASVILLE GA
32301	31792 US

2. Principal Place of Business	3. Mailing Address
9335 W. TENNESSEE ST.	679 BLACKSHEAR ROAD

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State
TALLAHASSEE FL	THOMASVILLE GA

Zip	Country	Zip	Country
32304		31792	US

4. FEI Number	Applied For
59-3205684	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

WADSWORTH JAMES BJR
1040 E PARK AVE
STE. E
TALLAHASSEE FL
32301 US

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ **01/29/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	ST	<input type="checkbox"/> Delete
NAME	LADSON III WILLIAM F.	
STREET ADDRESS	904 GORDON AVE	
CITY-ST-ZIP	THOMASVILLE GA 31792	

TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADSON III WILLIAM FIII	
STREET ADDRESS	904 GORDON AVE	
CITY-ST-ZIP	THOMASVILLE GA 31792	

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALTER EBE	
STREET ADDRESS	679 BLACKSHEAR DR	
CITY-ST-ZIP	THOMASVILLE GA 31792	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER EBE	
STREET ADDRESS	679 BLACKSHEAR ROAD	
CITY-ST-ZIP	THOMASVILLE GA 31792	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William F. Ladson, III

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01/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)