

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Marsham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000083393 (7)

1. Corporation Name

SOUTHERN STYLE CONSTRUCTION, INC.

Principal Place of Business

**257 KETTLE COURT
CASSELBERRY FL 32707**

Mailing Address

**257 KETTLE COURT
CASSELBERRY FL 32707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3212753

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**

7. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CAMPBELL, KIRK M
535 N MAGNOLIA AVENUE
ORLANDO FL 32801**

81. Name

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

83.

84. City

FL

85.

Zip Code

10. Name and Address of New Registered Agent

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HOUSE, CURTIS A
STREET ADDRESS	257 KETTLE COURT
CITY - ST - ZIP	CASSELBERRY FL 32707
TITLE	VP
NAME	PEARSON, BRIAN
STREET ADDRESS	24 W SPRUCE ST
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	☒ Change	☐ Addition
1.2 NAME	Curtis A House		
1.3 STREET ADDRESS	257 Kettle Ct		
1.4 CITY - ST - ZIP	Casselberry FL 32707		
2.1 TITLE		☒ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS	Revoked Position		
2.4 CITY - ST - ZIP			
3.1 TITLE	VP	☐ Change	☒ Addition
3.2 NAME	Robert Daniel		
3.3 STREET ADDRESS	273 San Gabriel st		
3.4 CITY - ST - ZIP	Winter Springs FL 32708		
4.1 TITLE	S	☐ Change	☒ Addition
4.2 NAME	Debora L House		
4.3 STREET ADDRESS	257 Kettle Ct		
4.4 CITY - ST - ZIP	Casselberry FL 32707		
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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 110.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

Curtis A House

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

Date

407-695-1190

Telephone Number