$1 MONTH FILING FEE AFTER MAY 1 IS $25.00

• CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 APR 13 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000002490 (8)**

1. Corporation Name
SOUTHERN POINTE, INC.

Principal Place of Business	Mailing Address
46 N. WASHINGTON BLVD. SUITE 1 SARASOTA FL 34236	46 N. WASHINGTON BLVD. SUITE 1 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/01/1994**
3a. Date of Last Report: **N/A**

2. Principal Place of Business
21 **109 OVERLEA WAY**
22 Suite, Apt. #, etc
23 City & State: **VENICE, FL**
24 Zip: **34292**
25 Country: **USA**

2a. Mailing Address
26
27 Suite, Apt. #, etc
28 City & State
29 Zip
30 Country

4. FEI Number: 65-0462324 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

PATTERSON, JOHN
46 NORTH WASHINGTON BLVD.
SUITE 1
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D,P,AS	☒ Change ☐ Addition
NAME	PATTERSON, JOHN	12 NAME	LUPER, ALBERT R.	
STREET ADDRESS	46 N. WASHINGTON BLVD., SUITE 1	13 STREET ADDRESS	109 OVERLEA WAY	
CITY ST ZIP	SARASOTA FL 34236	14 CITY ST ZIP	VENICE, FL 34292	
TITLE		21 TITLE	D,VP,S,T	☐ Change ☒ Addition
NAME		22 NAME	McGIFFEN, JOHN W.	
STREET ADDRESS		23 STREET ADDRESS	109 OVERLEA WAY	
CITY ST ZIP		24 CITY ST ZIP	VENICE, FL 34292	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
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		

4/1/11

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 if changed, or on an attachment with an address.

SIGNATURE: _____ **(813) 497-4786** 3/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRONG OFFICER OR DIRECTOR — Date — Daytime Phone Number
JOHN W. McGIFFEN, Secretary

0342271 CP