

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 28 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000020816 (2)**  
1. Corporation Name  
**SOUTHERN TRADITION INVESTMENTS, INC.**

Principal Place of Business Mailing Address  
**115 LAKE GRIFFIN STREET** **115 LAKE GRIFFIN STREET**  
**LADY LAKE FL 32159** **LADY LAKE FL 32159**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/14/1994** 3a. Date of Last Report **03/14/94**  
4. FEI Number **59-3238204** 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  
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**PHILLIPS, CONNIE W**  
**115 LAKE GRIFFIN STREET**  
**LADY LAKE FL 32159**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE **D**  
NAME **PHILLIPS, CONNIE W**  
STREET ADDRESS **115 LAKE GRIFFIN STREET**  
CITY-ST- ZIP **LADY LAKE FL 32159**  
TITLE **D**  
NAME **PHILLIPS, BRUCE H**  
STREET ADDRESS **115 LAKE GRIFFIN STREET**  
CITY-ST- ZIP **LADY LAKE FL 32159**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE **President & Director**  Change  Addition  
12 NAME **Phillips, Connie W.**  
13 STREET ADDRESS **115 Lake Griffin St.**  
14 CITY-ST- ZIP **Lady Lake, Fl. 32159**  
2. TITLE **Vice-Pres. & Director**  Change  Addition  
22 NAME **Phillips, Bruce H.**  
23 STREET ADDRESS **115 Lake Griffin St.**  
24 CITY-ST- ZIP **Lady Lake, Fl. 32159**  
3. TITLE **Secretary**  Change  Addition  
32 NAME **Pippin, Leigh Ann**  
33 STREET ADDRESS **5038 Eaglesnest Road**  
34 CITY-ST- ZIP **Fruitland Park, Fl. 34731**  
4. TITLE **Treasurer**  Change  Addition  
42 NAME **Pippin, Bryan C.**  
43 STREET ADDRESS **5038 Eaglesnest Road**  
44 CITY-ST- ZIP **Fruitland Park, Fl. 34731**

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)(h), 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 original.

SIGNATURE: **Bruce H. Phillips, V.P.** *Bruce H. Phillips* / 25/95 904-793-3995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Period