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**Apr 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000049450 (7)

1. Corporation Name
FORMSOUTH, INC.



Principal Place of Business
**3673 FOXCROFT RD
JACKSONVILLE FL 32257**

Mailing Address
**PO BOX 57787
JACKSONVILLE FL 32241-7787**

3. Date Incorporated or Qualified **07/05/1994** 3a. Date of Last Report **04/06/1996**

2. Principal Place of Business
21 **6653 Powers Ave**

2a. Mailing Address
26

4. FEI Number **59-3252942** Applied For Not Applicable

22 **132**

27 Suite, Apt #, etc.

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

23 **Jacksonville Florida**

28 City & State

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

24 **32217** 25 **USA**

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent
**THOMPSON, MALCOLM A
6653 POWERS AVE #134
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent
81 Name **Malcolm A. Thompson**
82 Street Address (P.O. Box Number is Not Acceptable) **6653 Powers Ave #132**
83
84 City **Jacksonville** FL 85 Zip Code **32217**

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 fully aware and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/2/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PSTD	<input type="checkbox"/>
NAME	THOMPSON, MALCOLM A	
STREET ADDRESS	6653 POWERS AVE #134	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PSTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	malcolm A. Thompson		
1.3 STREET ADDRESS	6653 Powers Ave. #132		
1.4 CITY-ST-ZIP	Jacksonville, Florida 32217		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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, as changed, or in an attachment with an address.

SIGNATURE: *[Signature]* **MALCOLM A THOMPSON** DATE **4/2/97** TELEPHONE **904-730-0708**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)