

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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: **6853 POWERS AVE. #132 JACKSONVILLE FL 32217 US**

Mailing Address: **PO BOX 57787 JACKSONVILLE FL 32241**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **7380- Philips Hwy**

2a. Mailing Address: **9380- Philips Hwy**

22. Suite, Apt. #, etc.: **403**

23. City & State: **Jacksonville, FL**

24. Zip: **32254** 25. Country: **USA**

3. Date incorporated or Qualified: **07/05/1994**

4. FEI Number: **59-3252942**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent:
THOMPSON, MALCOLM A
6853 POWERS AVE.
#132
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent:

81. Name: **Thompson, Malcolm A.**

82. Street Address (P.O. Box Number is Not Acceptable): **7380-403 Philips Hwy**

84. City: **Jacksonville** FL 85. Zip Code: **32254**

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]* **MALCOLM A. THOMPSON President** DATE: **4/20/98**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PSTD	<input type="checkbox"/>
NAME	THOMPSON, MALCOLM A	
STREET ADDRESS	6853 POWERS AVE., #132	
CITY-ST-ZIP	JACKSONVILLE FL	
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	Thompson, Malcolm A.		
1.3 STREET ADDRESS	7380-403 Philips Hwy		
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32254		
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 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 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* **MALCOLM A. THOMPSON** DATE: **4/20/98**

CR2E034 (10/97)