

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P94000052053 (3)

1. Corporation Name

SOUTHERN STEAMERS SYSTEMS, INC.

'95 MAR -6 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

295 PEARWOOD CIRCLE EAST
MIDDLEBURG FL 32068

Mailing Address

295 PEARWOOD CIRCLE EAST
MIDDLEBURG FL 32068

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/21/1994

3a. Date of Last Report

4. FEI Number

593231923

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 S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 601 Blanding Blvd

2a. Mailing Address

26 601 Blanding Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orange Park Fl

City & State

26 Orange Park Fl

Zip

24 32073

Country

25 USA

Zip

29 32073

Country

30 USA

9. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L
1301 GULF LIFE DRIVE
SUITE 1500
JACKSONVILLE FL 32207

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

Signature typed or printed name of registered agent and his or her signature

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME JACKSON, CHRISTOPHER
STREET ADDRESS 295 PEARWOOD CIRCLE EAST
CITY, ST, ZIP MIDDLEBURG FL 32068

TITLE D
NAME MODLING, JASON
STREET ADDRESS 3168 BYRON ROAD
CITY, ST, ZIP GREEN COVE SPRINGS FL 32043

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

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 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)(b), 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:

Christopher Jackson / President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/95 (904) 272-0257
DATE (Typed Name)