

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000052053 (3)

1. Corporation Name

SOUTHERN STEAMERS SYSTEMS, INC.



Principal Place of Business

601 BLANDING BLVD
ORANGE PARK FL 32073
US

Mailing Address

601 BLANDING BLVD
ORANGE PARK FL 32073
US

3. Date Incorporated or Qualified

07/21/1994

3a. Date of Last Report

03/06/1995

4. FEI Number

59-3231923

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

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

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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 title if applicable)

(Typed Name, Registered Agent)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
JACKSON, CHRISTOPHER
295 PEARWOOD CIRCLE EAST
MIDDLEBURG FL 32068

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
MODLING, JASON
3168 BYRON ROAD
GREEN COVE SPRINGS FL 32043

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY - ST - ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY - ST - ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY - ST - ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY - ST - ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY - ST - ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY - ST - ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

904-260-0109

Daytime Phone #