

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 19 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000052053

1. Corporation Name

SOUTHERN STEAMERS SYSTEMS, INC.

Principal Place of Business

Mailing Address

601 BLANDING BLVD  
ORANGE PARK FL 32073  
US

601 BLANDING BLVD  
ORANGE PARK FL 32073  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

8956 Philips Hwy

Suite, Apt. #, etc.

8956 Philips Hwy

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32256

Country

Zip

32256

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/21/1994

5. FEI Number

59-3231923

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	JACKSON, CHRISTOPHER	295 PEARWOOD CIRCLE EAST	MIDDLEBURG FL 32068

3000002700903--1  
-12/02/98--01093--026  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACKSON, CHRIS  
2153 BLACK CREEK TRA  
GREEN CV SPRING FL 32043

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Chris Jackson*  
**REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11/17/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Chris Jackson*  
**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/98  
Date

904-260-0109  
Daytime Phone #

CR20040 (9/98)

2

Sandra Northam,

11/17/98

I would have paid this back  
in April but it was sent  
to my old address and not  
forwarded to me. I've  
changed the address on the  
form to keep this from  
happening again. I'm sorry  
for the mix up. I thought  
I changed the addresses on  
last years form. My home  
address was picked up under  
the Registered Agent but not  
the business address.

Thank You,

Chris Jackson