

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

FILED  
Feb 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P94000054296 (6)**  
1. Corporation Name  
**SOUTHERN RUSH, INC.**



Principal Place of Business <b>12292 COUNTY RD 512 FELLSMERE FL 32948</b>	Mailing Address <b>12292 COUNTY RD 512 FELLSMERE FL 32948</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>12292 County Rd. 512</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P.O. Box 10</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>07/21/1994</b>	
22 City & State 23 <b>FELLSMERE, Florida</b>		27 City & State 28 <b>FELLSMERE, Florida</b>		4. FEI Number <b>65-0521407</b> Applied For Not Applicable	
24 Zip <b>32948</b>		25 Country <b>Indian River</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
29 Zip <b>32948</b>		30 Country <b>Indian River</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Name and Address of Current Registered Agent <b>MCCUSKER, DANIEL A. 12292 COUNTY RD 512 FELLSMERE FL 32948</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MCCUSKER, DANIEL A. 12292 COUNTY RD 512 FELLSMERE FL 32948</b>		10. Name and Address of New Registered Agent 81 Name <b>LILLY, JAMES W JR.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>537 ALBATROSS TERR</b> 83 84 City <b>SEBASTIAN</b> FL 85 Zip Code <b>32968</b>	
--	--	--	--

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 James W. Lilly Jr. (NOTE: Registered Agent signature required when reinstating) DATE 2/12/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LILLY, JAMES W JR.</b>	1.2 NAME	
STREET ADDRESS	<b>537 ALBATROSS TERR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBASTIAN FL 32958</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: TAMES W. LILLY JR. James W. Lilly

CR2E034 (10/97)