

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
WALTER W. WELLS
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

55 MAY -1 AM 9:49

DOCUMENT # **P94000083814 (1)**

1. Corporation Name

GREAT SOUTHERN HOLDINGS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Place of Business	2. Mailing Address
1901 FABIEN CIR MELBOURNE FL 32940	1901 FABIEN CIR MELBOURNE FL 32940

2. Principal Place of Business	2a. Mailing Address	4. FIC Number	3a. Filing Date
21	26	65-0531875	11/14/1994
22	27	5. Certificate of Status (Amend)	\$8.75 Additional Fee Required
23	28	6. Election Campaign Expenses Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	30	8. This corporation is eligible for all rights for corporations under Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOWELL, MARY C 1901 FABIEN CIR MELBOURNE FL 32940	81. Name MARY C HOWELL 82. Street Address (P.O. Box Number or Not Applicable) 1901 FABIEN CIRCLE 83. 84. City MELBOURNE FL 85. Zip Code 32940

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal place of business of the corporation. The change of office is authorized by the corporation's board of directors, and that they hereby accept the appointment as provided for in the articles of incorporation and the bylaws of the corporation, Florida Statutes.

SIGNATURE: **MARY C HOWELL VP.** *Mary Camille Howell VP.* **4/17/95**

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME D HOWELL, DOUGLAS A 1901 FABIEN CIR MELBOURNE FL 32940	OFFICE D/PRESIDENT
NAME D HOWELL, MARY C 1901 FABIEN CIR MELBOURNE FL 32940	OFFICE D/VICE PRESIDENT
NAME	OFFICE
NAME	OFFICE
NAME	OFFICE
NAME	OFFICE
NAME	OFFICE
NAME	OFFICE
NAME	OFFICE
NAME	OFFICE
NAME	OFFICE

14. I hereby certify that the information required with this filing is voluntarily furnished and is true and equal, for the reasons stated on form D-199 (1) (See Florida Statutes Chapter 607), that the information submitted is the annual report or supplemental annual report as required and accurate, and that my signature shall have the same legal effect as that made with that report. The cost of this report or the reason of failure to comply with the report as required by Chapter 607, Florida Statutes, and that the name appears on Block 1, or Block 13 of changed or corrected filing with an address.

SIGNATURE: *Mary Camille Howell VP.* **4/17/95** 107-254-6394
 MARY CAMILLE HOWELL
 SECRETARY OF STATE