

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90093 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000091773
 1. Corporation Name
SOUTHERN CONSULTING & MANAGEMENT, INC.

Principal Place of Business 1940 HWY 71 SOUTH MARIANNA FL 32448 US	Mailing Address P.O. BOX 6047 MARIANNA FL 32447
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>1371 Mockingbird Road</u> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <u>1371 Mockingbird Road</u> Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 12/20/1994	4. FEI Number 59-3295465	Applied For <input type="checkbox"/> Not Applicable
23 City & State <u>Marianna FL</u>	28 City & State <u>Marianna, FL</u>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
24 Zip <u>32448</u> 25 Country	29 Zip <u>32448</u> 30 Country			

9. Name and Address of Current Registered Agent
O'STEEN, J.C.
477 SALEM COURT
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	<u>SAME</u>
82 Street Address (P.O. Box Number is Not Acceptable)	<u>2900 Park Avenue E - Suite A</u>
83	
84 City	<u>SAME</u> 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAPP, WALLACE	
STREET ADDRESS	P.O. BOX 6047 N/A	
CITY-ST-ZIP	MARIANNA FL 32447	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SAPP, EDNA M	
STREET ADDRESS	P.O. BOX 6047 N/A	
CITY-ST-ZIP	MARIANNA FL 32447	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<u>1371 Mockingbird Road</u>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<u>1371 Mockingbird Road</u>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with or without other like empowered.

SIGNATURE: Wallace Sapp 3-14-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)