SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000000777 (9) DOCUMENT # SOUTHERN R.E.B.'S PUBLISHING, INC. Mailing Address Principal Place of Business P O BOX 218 P O BOX 218 SAN ANTONIO FL 33576 SAN ANTONIO FL 33576 3a. Date of Last Report Date Incorporated or Qualified 01/03/1995 Applied For EEL Numbe 2. Principal Place of Business Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199.032.  $Z_{\rm IP}$ Country Zip Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SUMNER, DENNIS 13339 SCHARBER ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SAN ANTONIO FL 33576 83 City 85 Zip Code 84 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 it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DAIL SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicutation (96/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1111116 TITLE SUMNER, DENNIS **1.2 NAME** NAME P O BOX 218 13 STREET ADDRESS STREET ADDRESS SAN ANTONIO FL 33576 1 4 CITY - ST - ZIP CITY-ST-ZIP Change \_\_\_\_ Addition DELETE 2.1 TITLE TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 31 TIFLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE THILE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5 I TITLE TITLE NAME 5.2 NAME 53 STREET ADDRESS STREET ADDRESS

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 it 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

5.4 CITY - ST-ZIP

63 STREET ADDRESS

64 CITY -ST - ZIP

6.1 TITLE

6 2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TRINTED THE OF SIGNING OFFICER OR DIRECTOR CONTRACTOR C

Change Addition