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Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90101 049 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000013269

1. Corporation Name

SOUTHERN SHORES PROPERTIES, INC.

Principal Place of Business

354 BEACHSIDE DRIVE  
CARILLON BEACH FL 32413

Mailing Address

PO BOX 2324  
SANTAROSA BEACH FL 32459  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1995

4. FEI Number

59-3307010

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 5365 E. Co Hwy 30A

Suite, Apt. #, etc.

22 Santa Rosa Beach, FL

23 City & State

24 Zip

25 Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MITCHELL, GEORGE E  
354 BEACHSIDE DRIVE  
CARILLON BEACH FL 32413

10. Name and Address of New Registered Agent

81 Name George E. Mitchell

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

3151 Club Dr.

83

84 City Destin

FL

85 Zip Code 32541

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	MITCHELL, GEORGE E	1.2 NAME	
STREET ADDRESS	354 BEACHSIDE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARILLON BEACH FL 32413	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	WEST, HERBERT C	2.2 NAME	
STREET ADDRESS	354 BEACHSIDE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARILLON BEACH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

Date

850-231-2106

Daytime Phone #

CR2E034 (11/98)