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PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000032981 (9)**

1. Corporation Name

**SOUTHERN SECURITIES TRUST, INC.**



Principal Place of Business

Mailing Address

**2230 N RIVERSIDE DR  
INDIALANTIC FL 32903**

**2230 N RIVERSIDE DR  
INDIALANTIC FL 32903**

3. Date Incorporated or Qualified

**04/27/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLINS, PALMER W  
2230 N RIVERSIDE DR  
INDIALANTIC FL 32903**

81 Name

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

83

84 City

**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

Signature typed or printed name of registered agent or this agent

Signature typed or printed name of new registered agent

Date

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DELETE

1.1 TITLE

**PRESIDENT**

Change

Addition

NAME

1.2 NAME

**GORDON HOWE**

STREET ADDRESS

1.3 STREET ADDRESS

**5317 CREEKMAN DR.**

CITY-ST-ZIP

1.4 CITY-ST-ZIP

**LAKELAND, FL 33803**

TITLE

DELETE

2.1 TITLE

**SECRETARY**

Change

Addition

NAME

2.2 NAME

**PALMER W COLLINS**

STREET ADDRESS

2.3 STREET ADDRESS

**2230 N RIVERSIDE DR.**

CITY-ST-ZIP

2.4 CITY-ST-ZIP

**INDIALANTIC, FL 32903**

TITLE

DELETE

3.1 TITLE

Change

Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE

DELETE

4.1 TITLE

Change

Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

DELETE

5.1 TITLE

Change

Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

DELETE

6.1 TITLE

Change

Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. 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 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:

*Palmer W Collins*  
**PALMER W. COLLINS**

4-27-96

407-222-7244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E034 (12/95)