2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032981

Title:

Name: Address:

City-St-Zip:

COLLINS, PALMER W

2230 N RIVERSIDE DR INDIALANTIC, FL 32903

Entity Name: SOUTHERN SECURITIES TRUST, INC.

FILED Apr 10, 2012 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|---|--|---------------------------------|----------------------------------|---|--|
| | ERSIDE DR IC, FL 32903 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | ERSIDE DR IC, FL 32903 | | | | |
| FEI Number: | 59-3439488 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| | PALMER W ERSIDE DR IC, FL 32903 | US | | | |
| The above in the State | | bmits this statement for the pu | rpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | | | | | |
| | | Signature of Registered Ager | ıt | Date | |
| OFFICERS | AND DIRECTO | ORS: | | | |
| Title: Name: Address: City-St-Zip: | P HOWE, GORDON 5317 CREEKMAN LAKELAND, FL | | | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PALMER W. COLLINS S 04/10/2012