

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0112128

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000035072 (4)
 1. Corporation Name
 SOUTHERN DESIGN AND FABRICATION CORPORATION



Principal Place of Business
 635 BAKER STREET
 MT. DORA FL 32757

Mailing Address
 635 BAKER STREET
 MT. DORA FL 32757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 05/04/1995

4. FEI Number
 59-3323377

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 8101 Opportunity Dr.
 Suite, Apt. #, etc.

22

23 Milton, FL
 City & State

24 32583
 Zip

25 Santa Rosa
 Country

26 8101 Opportunity Dr.
 Suite, Apt. #, etc.

27

28 Milton, FL
 City & State

29 32583
 Zip

30 Santa Rosa
 Country

9. Name and Address of Current Registered Agent
 REDFIELD, KURT
 635 BAKER STREET
 MT. DORA FL 32757

10. Name and Address of New Registered Agent

81 Name Ronald Redfield

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

83 8101 Opportunity Dr.

84 City Milton FL 85 Zip Code 32583

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 Ronald S. Redfield DATE 7/10/98
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCTD	<input type="checkbox"/> DELETE
NAME	REDFIELD, RONALD S	
STREET ADDRESS	342 AUTUMN LANE	
CITY-ST-ZIP	CARLISLE MS 01741	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STAMOS, JAMES P	
STREET ADDRESS	504 MAIN ST.	
CITY-ST-ZIP	WETHERSFIELD CT	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	REDFIELD, KURT	
STREET ADDRESS	1027 MCDONALD ST.	
CITY-ST-ZIP	MT. DORA FL 32757	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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)(l), 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 [Signature] DATE 7/10/98 860-292-6410

CR2E034 (5/98)