## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000052646 (3)

SOUTHERN SCIENTIFIC INDUSTRIES, INC.

376 NORTH LAKESIDE DRIVE 376 NORTH LAKE SIDE DRIVE SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32837 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/23/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3326617 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζıρ Country Country 8. This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DAY, ROBERY V ROBERT Street Address (P.O. Box Number is Not Acceptable)
376 North Lakeside 376 S LAKESIDE DRIVE 82 **SATELLITE BEACH FL 32937** 83 Zip Code 3293 Sa Tellite Beach 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, typed or pointed name of registered agent and triest applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE DAY, ROBERT V. 376 NORTH LAKESIDE DRIVE NAME DAY, ROBERY V 1.2 NAME 376 NORTH LAKESIDE DRIVE STREET ADDRESS 1.3 STREET ADDRESS SATELLITE BEACH FL 32937 SATELLITE BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE DAY, PAMELA 6039 QUEENSTON STREET DAY, PAMELA NAME 2.2 NAME 6039 QUEENSTON STREET STREET ADDRESS 2.3 STREET ADDRESS SPRINGFIELD VA SPRINGFIELD VA CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DILETE Change Addition 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 61 TITLE Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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 offect 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 no an attachment with an address.

**FILED** 

Feb 16 1998 8:00am

Secretary of State