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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 4

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000054403 (7)

SOUTHERN S & R ENTERPRISES CO.

FILED Jun 02 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 17817 S.E. 132ND COURT 17817 S.E. 132ND COURT WEIRSDALE FL 32195 WEIRSDALE FL 32195 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/06/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number 2. Applied For 59-3323117 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 24 25 Yes Yes 29 30 Personal Property Tax due June 30. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name ROBARTS, DONNA 17817 S.E. 132ND COURT 82 Street Address (P.O. Box Number is Not Acceptable) WEIRSDALE FL 32195 83 84 City 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 penied trathe of regelered agent and allert apple about (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TALLE 1.1 TITLE Roberts, Donna 17817 SE 18240 CT. **ROBARTS, DONNA** NAME 1.2 NAME P.O. BOX 881 STREET ADDRESS 1.3 STREET ADDRESS LADY LAKE FL 32158-0881 1.4 CITY - ST-ZIP weirsdale FL. 32195 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - \$T - ZIP 3.4. CITY-S1-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-\$1-ZIP 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 suppliemental 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 13 if changed, or on an attachment with an address.

ulaabo.