


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

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90002 002 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000081787

1. Corporation Name
711 SOUTH HOLDING COMPANY



Principal Place of Business 2501 W MAIN ST SUITE 103 LEESBURG FL 34748 US	Mailing Address 2501 W. MAIN ST. SUITE 103 LEESBURG FL 34748
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 435 S. MAIN ST. Suite, Apt. #, etc. 22	2a. Mailing Address 26 4734 CR 141 Suite, Apt. #, etc. 27
City & State 23 Wildwood, FL Zip Country 24 34785 25 US	City & State 28 Wildwood FL. Zip Country 29 34785 30 US

3. Date Incorporated or Qualified 10/25/1995	4. FEI Number 59-3366536	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CARUTHERS, MARK 2501 W MAIN ST SUITE 103 LEESBURG FL 34748
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10. Name and Address of New Registered Agent 81 Name MARK CARUTHERS 82 Street Address (P.O. Box Number is Not Acceptable) 4734 CR 141 83 84 City Wildwood FL 85 Zip Code 34785
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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  **MARK CARUTHERS** DATE **9-13-99**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P CARUTHERS, MARK S
STREET ADDRESS	4734 CR 141
CITY-ST-ZIP	WILDWOOD FL 34785
TITLE	<input type="checkbox"/> DELETE
NAME	STD CARUTHERS, MARY G
STREET ADDRESS	4921 CR 141
CITY-ST-ZIP	WILDWOOD FL 34785
TITLE	<input type="checkbox"/> DELETE
NAME	VD CARUTHERS, C. AUBREY
STREET ADDRESS	4921 CR 141
CITY-ST-ZIP	WILDWOOD FL 34785
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)(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 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, with all other like empowered.

SIGNATURE:  **MARK CARUTHERS** DATE **9-13-99** 352-406-8299

CR2E034 (11/98)