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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000084112 (8)

1. Corporation Name
SOUTHERN POSSESSIONS, INC.



Principal Place of Business
1515 CASS ST.
TRAVERSE CITY MI 49684

Mailing Address
1515 CASS ST.
TRAVERSE CITY MI 49684-4187

3. Date Incorporated or Qualified
10/30/1995

3a. Date of Last Report
05/14/1996

2. Principal Place of Business
21 7202 Black Bull Lane

2a. Mailing Address
26 7202 Black Bull Lane

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State
23 Orlando, FL

City & State
28 Orlando, FL

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

Zip
24 32835

Country
25 USA

Zip
29 32835

Country
30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOLLY, JANICE L
4777 W. HWY. 192
KISSIMMEE FL 32741

10. Name and Address of New Registered Agent

81 Name
Holly, Janice L.
82 Street Address (P.O. Box Number is Not Acceptable)
7202 Black Bull Lane
83
84 City
Orlando FL 85 Zip Code
32835

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.

Janice L. Holly

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	HOLLY, JANICE L	601 N. SOUTH LONG LAKE RD.	TRAVERSE CITY MI 49684	<input type="checkbox"/>
ST	HOLLY, DENNIS L	601 N. SOUTH LONG LAKE RD.	TRAVERSE CITY MI 49684	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		7202 Black Bull Lane	Orlando, FL 32835	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	7202 Black Bull Lane	Orlando, FL 32835	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME			<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME			<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME			<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME			<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE:

Janice L. Holly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 523-1500

CR2E034 (9/96)