FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1996		DIVIS	Sandra B Mortham Secretary of State HON OF CORPORAT			
D _{1.}	OCUMENT # F	P95000087393	(1)			
	SOUTHERN MICRO, IN	C.				
Principal Place of Business		Mailing Address	Mailing Address			
	4 LACEWOOD ROAD APA FL 33618	3314 LACEWOO TAMPA FL 3361				
2 6	Principal Place of Business				3. Date Iricorporated or Qualified 11/13/1995	3a. Date of Last Report
21	duite, Apt. #, etc	2a. Mailing Addre	· - · · · · · · · · · · · · · · · · · ·		4. FEI Number 59 - 33 51 5 1	
22	ity & State	[27] City & State	erc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
_	ıp Coun	28	Countr		Election Campaign Financing Trust Fund Contribution This conserving to a fability to	\$5.00 May Be Added to Fees
24	25 9. Name and Add	29 ress of Current Registered Agent	30		8. This corporation has liability for Florida Statutes Yes 10. Name and Address of New F	; I XNo
1	MI COM DAME I		81	Name	(b) Them is also passed in the F	redistrated wheth
WILSON, DAVID L 3314 LACEWOOD ROAD 82 Str				Street Addin	ess (P.O. Box Number is Not Acceptab	ole)
1	AMPA FL 33618		83			
			84	City		85 Zip Code
1	amiliar with, and accept the oblig ATURE	tions 607,0502 and 607,1508, Floriba ie State of Flor⊪la. Such change was a gations of, Section 607,0505, Florida S	Statutes, the above uthorized by the contatutes.	I named corpora oration's boar	ation submits tris statement for the pur d of oirectors. I hereby accept the appi	rpose of changing its registered office ointment as registered agent. I am
12.	Signature, typed or printed nam	OFFICERS AND DIRECTORS	TABLE OF CALLS			DATE
TATLE		DELET	13. 1 1 TIFLE		ADDITIONS/CHANGES TO OFF	
NAME		-	1.2 NAMÉ			Change 💢 Addition
	ADDRESS		13 STREET	ADDRESS 3:	avid L. Wilson 314 Lacewood Ro	d.
CITY - S	1-7IP		1 4 CITY - S E 2 1 TILLE	1 - 21P	ampa, FL 3361	.8
TITLE		☐ DELETE				Change Addition
	ADDRESS		2.2 NAME			
CITY-S	ı		2.3 STREET			
TITLE		DELETI	24 C-TY - S E 3.1 TITLE	1 - ZiP		
NAME		L	3.2 NAME			Change Addition
	ADDRESS		3.3 STHEFT	ADDRESS		
CITY-S	7 - ZIP		34 CITY - S	T-7/P		
TITLE	DELETE		4.17.11.6			☐ Change ☐ Addition
NAME	ADDRESS		4.2 NAME			
CITY-SI	1		43 S'HEFT			
TITLE	1120	DELETA	44 CHY - S	- 7P		
NAME		L. Ditter	5 1 Title 52 NAME			☐ Change ☐ Addition
	ADDRESS		5.3 STREET	Anneess		
CITY - ST	ZIP		5.4 CITY-SI			
TITLE		[] DELFTE				Change Addition
NAME			6.2 NAME			T average T vocation
STREET	ADDAESS		50510051	.noosea		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 appears in Block 12 or Block 13 if changed, or on an attachment with an arkdress.

SIGNATURE:

SIGNATURE:

All 20/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

All 20/96

Dayler Proce 4/20/96 813-935-2442