

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000093466 (7)

1. Corporation Name

SOUTHERN TIER, INC.



Principal Place of Business

500 EAST SEMORAN BOULEVARD
CASSELBERRY FL 32707

Mailing Address

500 EAST SEMORAN BOULEVARD
CASSELBERRY FL 32707

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/08/1995

3a. Date of Last Report

4. FLE Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 printed below (Type printed name of officer or director)

Date (Type date of signature) (Agent for change of registered office or agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DUPREE, SHAWN
STREET ADDRESS 500 EAST SEMORAN BOULEVARD
CITY- ST- ZIP CASSELBERRY FL 32707

☐ DELETE

TITLE SD
NAME DUPREE, CORDELL
STREET ADDRESS 500 EAST SEMORAN BOULEVARD
CITY- ST- ZIP CASSELBERRY FL 32707

☐ DELETE

TITLE TD
NAME JACKSON, WILLIE
STREET ADDRESS 500 EAST SEMORAN BOULEVARD
CITY- ST- ZIP CASSELBERRY FL 32707

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2. TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6. TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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 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:

Shawn Dupree
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-96
Date

407-648-6120
Business Phone #

CR2E034 (12/95)