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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000014223

2. Principal Place of Business

SOUTHERN CLASSIC REALTY, INC.

2a. Mailing Address

## Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90062 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

02/15/1996 4. FEI Number

21		26	c/o Brend	ia Lic	oya		59-3363419		Not	Applicable
Suite, Apt.	#, etc.	27 5	Suite, Apt. #, etc. 50 Tops 1	Beach	ı Bl	vd #707	5. Certificate of Status Desired		\$8.75 A	
City & State	е	28	City & State Destin,	Flori	lda		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	· · ·
Zip 24	Country 25		32541		ountry USA		This corporation owes the curr Personal Property Tax.	ent year Inte	angible □ Yes	ΧNο
	9. Name and Address of Current I	Regist	ered Agent		$\neg \tau$		10. Name and Address of New F	Registered /	Agent	
LLOYD, BRENDA 4000 SAN DESTIN BLVD. S. DESTIN FL 32541					81 82 83	Name Street Addre	ess (P.O. Box Number is Not Accepta	able)		
					84	City		FL	85 Zip C	Code
office or re agent. I a	to the provisions of Sections 607.0502 : egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida	a. Such change w	as authoriz	zed by 1	the corporatio	oration submits this statement for the in's board of directors. I hereby acce	purpose of pt the appoi	changing its ntment as rec	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if	applicable. (7	NOTE: Registe	red Ageni	t signature required	when reinstating)	DATE		
12.	OFFICERS AND				3.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	Р		☐ DELETE	1.1	1 TITLE				☐ Change	☐ Addition
NAME	LLOYD, BRENDA			1,2	NAME.					
STREET ADDRESS	4000 SAN DESTIN BLVD. S.			1.3	STREET	ADDRESS				
CITY-ST-ZIP	DESTIN FL			1.4	4 CITY-ST	r-zip				
TITLE			☐ DELETE		1 TITLE				Change	Addition
NAME				2.2	2 NAME					
STREET ADDRESS				2.3	3 STREET	ADDRESS	_			
CITY-ST-ZIP				2.	4 CITY-S	T- ZIP				
TITLE			☐ DELETI	3	1 TITLE				☐ Change	Addition
NAME				3.2	2 NAME					
STREET ADDRESS				3.3	3 STREET	ADDRESS				
CITY-ST-ZIP					4. CITY-S	T-ZIP				
TITLE			☐ DELETI	£ 4.	1 TITLE				Change	Addition
NAME				4.	2 NAME					
STREET ADDRESS				4.:	3 STREET	ADDRESS				
CITY-ST-ZIP					4 CITY-ST	T-ZIP				Manata -
TITLE			☐ DELETI		1 TITLE				Change	☐ Addition
NAME					2 NAME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP					4 CITY-ST	T-ZIP			<u> </u>	□ Addi:
TITLE			☐ DELET		1 TITLE	ļ.			Change	☐ Addition
NAME				1	2 NAME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				6.4	4 CITY-ST	T-ZIP				

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.

2/3/99 850 267-9654