

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 AUG 20 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000038900 (2)**

1. Corporation Name  
**SOUTHERN HOLDINGS, INC.**

Principal Place of Business  
**16 WEST GALVEZ STREET  
PENSACOLA BEACH FL 32561**

Mailing Address  
**16 WEST GALVEZ STREET  
PENSACOLA BEACH FL 32561**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/29/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-3383126</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**RIDLEHOOVER, KENNETH R  
900 NORTH PALAFOX STREET  
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D FRIEDRICH, GRANT</b>	1.2 NAME	
STREET ADDRESS	<b>16 WEST GALVEZ STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA BEACH FL 32561</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>VICE PRESIDENT</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>PAUL FRIEDRICH</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>325 N. MAIN</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>SECRETARY</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>ALICE FRIEDRICH</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>325 N. MAIN</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 \_\_\_\_\_

CR2E034 (4/97)

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Divisions of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

To Whom it may concern,

Enclosed you will find a check for \$165.00 to cover the annual corporation filing fee. I realize that this is in fact the second notice and the fee is \$550.00. I work very hard at my filing system and accounting work by staying on top of things, but I honestly do not recall receiving the first notice. I have searched my records but have not come up with any sign of the first report arriving. Being a small business owner I wouldn't keep from paying a fee while knowing that if I did not pay, it would increase so drastically.

With this in mind I'm asking you for help in resolving this matter. If I can help in any way please contact me at (850) 916-7131.

Sincerely,



Grant Friedrich  
President