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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000070615 (5)

SOUTHERN SOCIALS, INC.

## **FILED** Mar 13 1997 8:00am Secretary of State



| Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt #, etc.   Site, Apt #, etc.   Si |                                   |  |   |  |  |   |  | 184 845 F844                           |
|--|-----------------------------------|--|---|--|--|---|--|--|
| PRINACOLA FL 32603  Principal Place of Business  Za. Mailing Address  Za. Mailing Address  Za. Mailing Address  Suite. Apt. #, etc.  Za. Suite. Ap | Principal Plac                    | ce of Business   | Mailing Address   |  |  | L SOULDON EIN INIEN MILLE MAILE MAILE AND   | ### <b>##</b> ### 1 <b>00</b> ## <b>##</b> ### ##### ### | INI BUT INDA                           |
| S. Principal Place of Business   2a. Molling Address   2b. Suite. Apr. if. etc.   2b. Suite. Apr. if. etc.   2c. Suite.   | 1541 EAST JO<br>PENSACOLA F       | ordan street<br>Fl <b>3250</b> 3   |   |  |  |   |  |  |
| Application      |                                   |  |   |  |  |   | 3a. Date of Last   | Report                                 |
| Suite. Apt #, etc.    Page   P | 2. Principal F                    | Place of Business  | 2a. Mailing Address   |  |  |   |  | Applied For                            |
| City & State   City &   |                                   |  |   |  |  | 59559669  |  | lot Applicable                         |
| City & State    City & State   | 22                                |  | 27]   |  |  | 5. Certificate of Status Desired  |  |  |
| Country   25   28   29   30   Country   25   Country   25   28   28   30   Country   25   Country   25   Country   25   Country   25   Country   25   Country   26   Country   26   Country   27   Country   27   Country   28   Coun   | City & State                      |  | City & State  |  |  | 6. Election Campaign Financing  |  | May Be                                 |
| Part      |                                   |  |   |  |  | Trust Fund Contribution   | Addec  | to Fees                                |
| TRAWICK, KARLA D  1541 EAST JORDAN STREET PENSACOLA FL 32503  154 City  155 Street Address of New Registered Agent  155 Street Address (F.O. Box Number is Not Acceptable)  155 Street Address (F.O. Box Number is Not Acceptable)  156 City  157 Code  157 Persuant to the provisions of Sections 697-0507 and 697 t508, Florids Statutes, inc above named corporation submits this statement for the purpose of changing its registere of the original agent, or both, in the State of I peda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent it an internal with, and accept the obligations of, Section 697-0505, Florids Statutes.  1560NATURE  157 Persuant to the provisions of Sections 697-0507 and 697 t508, Florids Statutes. The original agent is the appointment as registered agent it and appointment with, and accept the obligations of, Section 697-0505, Florids Statutes. The original agent is the appointment as registered agent it and appointment as registered agent it and appointment as registered agent it and appointment as registered agent in an internal agent agent in a complet agent in a complete agent in a compl |                                   | F-3 F-3  |   |  | ry   | 8. This corporation has liability for in angible tax under s. 199.032,                        |  |  |
| TRAWICK, KARLA D 1641 EAST JORDAN STREET PENSACOLA FL 32503  82  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's board of directors. Thereby accopit the appointment as registered agent, or both, in the State of I fords. Such change was such critered by the corporation's board of directors. Thereby accopit the appointment as registered agent, or both, in the State of I fords. Such change was such critered by the corporation's board of directors. Thereby accopit the appointment as registered agent, and accopit the obligations of, Societion 607 5005, Florida Statutes.  SIGNATURE  Signature upen or printed new of registered agent and sile if agencicable.  OFFICE IS AND DIRECTORS 13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DOTES TO DIRECTORS IN 12.  TITLE  DELETE  3 STATEL ADDRESS  CITY-S1-ZIP  PENSACOLA FL 32504  DELETE  3 STATEL ADDRESS  CITY-S1-ZIP  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  STANME  3 STATEL ADDRESS  CITY-S1-ZIP  Change Addit  STREET ADDRESS  CITY-S1-ZIP  Change Addit  STREET ADDRESS  STANME  3 STATEL ADDRESS  CITY-S1-ZIP  Change Addit  STREET ADDRESS  STANME  3 STATEL ADDRESS  CITY-S1-ZIP  Change Addit  STREET ADDRESS  STANME  3 STATEL ADDRESS  STANME  STANME  STANME  STANME  STANME  STANME  STANME  | 24]                               |  |   | [30]   |  |   |  | ······································ |
| Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)  | 70.                               |  | . negistered Agent  |  | 1 Namo   | 10. Name and Address of New A   | egistered Agent  |  |
| PENSACOLA FL 32503  11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-namied comportation submits this statement for the ptrops of changing its registered office or registered agent, or both, in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the objections of, Soction 607.0505, Florida Statutes.  SIONATURE  SIONATURE  SIQUEUR Syned or primed here of registered agent a state 6 approach of the ptrops of the appointment as registered agent and the state of the ptrops of the appointment as registered agent and the state of the ptrops of the appointment as registered agent and the state of the ptrops of the appointment as registered agent and the state of the ptrops of the appointment as registered agent and the state of the ptrops of the appointment as registered agent and the state of the ptrops of the appointment as registered agent and the state of the ptrops of the appointment as registered agent and the state of the ptrops of the appointment as registered agent and the state of the ptrops of the appointment as registered agent and the state of the ptrops of the appointment as registered agent and the ptrops of the appointment as registered agent and the ptrops of the appointment as registered agent and the ptrops of the appointment as registered agent and the ptrops of the appointment as registered agent and the ptrops of the appointment as registered agent and the ptrops of the appointment as registered agent and the ptrops of the appointment as registered agent and the ptrops of the appointment as registered agent and the ptrops of the appointment as registered agent and the ptrops of the appointment as registered agent and the ptrops of the appointment as registered agent and the ptrops of the appointment as registered agent and the ptrops of the appointment as registered agent and the ptrops of the appointment as registered agent and the ptrops of the appointm |                                   |  |   | ľ  | INAME  |   |  |  |
| ### City ### FL   85   Zip Code  11. Pursuant to the provisions of Sockions 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing lis registere agent, or both, in the State of Horda Such change was unforzed by the corporation's board of directors. Thereby accept the appointment as registere agent in an analysis in an above the obligations of Sockion 607.0505, Florida Statutors.    SIGNATURE  |                                   |  |   | 8  | Street Address (P.O. Box Number is Not Acceptable) |   |  |  |
| B4   | PEN                               | NSAUULA FL 32503   |   |  |  |   |  |  |
| 11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08, Florida Statutes, inc above-named corporation submits this statement for the purpose of changing its registere office or registered agent, or both, in the State of Florida Such change was submotived by the corporation's board of directors. Thereby accept the appointment as registere agent, I am familiar with, and accept the obligations of, Section 607.05:05, Florida Statutes.  SIGNATURE  SIG |                                   |  |   | l <sup>o</sup>                               | 3  |   |  |  |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1506. Florids Statutes. In above carmed corporation submits this statement for the purpose of changing its registere office or registered agent. I be thin in the State of I bridge Such change was submit or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE  |                                   |  |   | 8  | 4 City   |   | FI 85 Zip  | Code                                   |
| Street Address   Street Agent express   Street Agent   Street   | 11. Pursuant office or agent. I s | to the provisions of Sections 607.0507 registered agent, or both, in the State am familiar with, and accept the obliga | and 607.1508, Florida Statu<br>of Florida. Such change was<br>tions of, Section 607.0505, F | utes, the abo<br>authorized<br>forida Statut | ve-named c<br>by the corpo<br>es.                  | corporation submits this statement for the oration's board of directors. I hereby acceptation | purpose of changing                                      | its registered<br>s registered         |
| TITLE DOBESS TREET ADDRESS OFFICERS AND DIRECTORS IN 12.  TITLE DOBESS OFFICERS AND DIRECTORS IN 12.  TRAWICK, KARLA 1.3 STREET ADDRESS 1.4 CITY-ST-2IP PENSACOLA FL 32504   | SIGNATURE                         |  | T-12-5-7  | W. 6   |  |   |  | [                                      |
| TITLE NAME ROBINSON, JILL STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32504  TRAWICK, KARLA STREET ADDRESS DITY-ST-ZIP TITLE DELETE TITLE DELETE TITLE DELETE DELETE TITLE NAME STREET ADDRESS | 12                                |  |   |  | gent signature n                                   |   |  | RS IN 12                               |
| NAME   |                                   | <del></del>  |   |  | <u> </u>   | ADDITIONO/OFFINICEO TO OFFI   |  |  |
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| DELETE   D   |                                   |  |   |  | 17   | SSHI POTOSICT   | ,  | }                                      |
| TITLE D  |                                   |  |   |  | 11   | Pensonon 71   | 3.55/4   |  |
| TRAWICK, KARLA   22 NAME   |                                   | *** <u></u>  | DELETE  |  |  |   |  | Addition                               |
| STREET ADDRESS   1541 EAST JORDAN STREET   2.3 STREET ADDRESS   2.4 CHY-ST-ZIP   PENSACOLA FL 32503   2.4 CHY-ST-ZIP   |                                   |  |   |  |  |   |  |  |
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| TITLE  |                                   |  |   |  |  |   |  |  |
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| STREET ADDRESS   33 STREET ADDRESS   34. CITY-ST-ZIP   35. STREET ADDRESS   35. CITY-ST-ZIP   34. CITY-   |                                   |  |   | T T  |  |   |  |  |
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| CITY-ST-ZIP  | 1.                                | [  |   |  |  |   |  |  |
| 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 angular report or supplemental angular report is true and accurate and that my signature shall have the same legal offect as if made under oath:  | 14. I do here                     | by certify that the information supplied   | with this filing does not qua   | lify for the ex                              | complion sta                                       | ated in Section 119.07(3)(i), Florida Statuti   | es. I further certify tha                                | the                                    |

information indicated on this arrival report or supplemental arrival report is frue and accurate and that my signature shall have the same legal offect as it made under of Lam an officer or director of the corporation or the receiver or justice 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.