FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00. FILED **PROFIT** FLORIDA DEPARTMENT OF STATE Jun 10 1997 8:00am CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT #** Southern Sales Principal Place of Business Mailing Address 12736 Caribou Court Jackson Ville, Florida 32246 3. Date Incorporated or Qualified 3a. Date of Last Report 9.5-96 NIQ 2. Principal Place of Business 2a. Mailing Address Applied For 26 12736 Caribou Court 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Cerl ficate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Country 8. This corporation has tiability for intangible taylunder s. 199,032 29 Florida Statutes Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Dale Hardy 12736 Cari bou Court Jacksonville, Florida 32246 Street Address (P.O. Box Number is Not Acceptable) 82 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. I forida 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 name of registered agent and title 1 applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 111111 Change Addition NAME Treas 1.2 NAME 1.3 STREET ADORESS STREET ADDRESS Jacksonville, FL 1.4 CITY-ST-2IP CITY-ST-ZIP TITLE 2.1 TITLE Change Addition NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS venceville, Ga. 30244 CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CHY-S3-7IP CITY-ST-ZIP DELETE 4.1 THLE Change Addition TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE 5.1.1131.6 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DETETE TITLE 6.1.1111.6 ☐ Change 700002211797 -06/13/97--01057--029 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. If do hereby certify that the information supplied with this filling 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 ooth; 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, Flor da Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5-1-97 904-220-7104