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May 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000084340 (4)

1. Corporation Name
SOUTHERN DAZE, INC.

Principal Place of Business
480 N CAUSEWAY
NEW SMYRNA BEACH FL 32170

Mailing Address
480 N CAUSEWAY
NEW SMYRNA BEACH FL 32169-5234



3. Date Incorporated or Qualified 10/09/1996
3a. Date of Last Report

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election of Corporate Fiscal Year
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. # etc.

26 Suite Apt. # etc.

22 Zip
23 Country

27 Zip
28 Country

24 25
9. Name and Address of Current Registered Agent
MCCRANIE, JOHN R
480 N CAUSEWAY
NEW SMYRNA BEACH FL 32170

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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE D
NAME MCCRANIE, JOHN R
STREET ADDRESS 480 N CAUSEWAY
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P/T (P/T)
1.2 NAME MCCRANIE, DIANNE D.
1.3 STREET ADDRESS 480 N. CAUSEWAY
1.4 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169
2.1 TITLE
2.2 NAME GILSON, MELISSA A.
2.3 STREET ADDRESS 480 N. CAUSEWAY
2.4 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169
3.1 TITLE V/S
3.2 NAME HAYNES, BOBBIE L.
3.3 STREET ADDRESS 480 N. CAUSEWAY
3.4 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 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 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 DIANNE D. MCCRANIE DIANNE D. MCCRANIE 4/23/97 (904) 428-0387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)