

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

FILED
Jul 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 32170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 3656 CHARLES ST.

27 NEW SMYRNA BEACH, FL

28 Zip Country

3. Date Incorporated or Qualified

10/09/1996

4. FEI Number

59-3446767

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

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

John R. McCranie

JOHN R. MCCRANIE

06/10/1998

(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

DELETE

TITLE PT
NAME MCCRANIE, DIANNE D
STREET ADDRESS 480 N CAUSEWAY
CITY-ST-ZIP NEW SMYRNA BEACH FL

DELETE

TITLE V
NAME GILSON, MELISSA A
STREET ADDRESS 480 N. CAUSEWAY
CITY-ST-ZIP NEW SMYRNA BEACH FL

DELETE

TITLE VS
NAME HAYNES, BOBBIE L
STREET ADDRESS 480 N CAUSEWAY
CITY-ST-ZIP NEW SMYRNA BEACH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

600002582746
-07/08/98--01040--031
***158.75

14. 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.

CR2E034 (10/97)