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FILED
Apr 13 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 # P96000086641 (3)

1. Corporation Name

SOUTH FUNDING CORPORATION

Principal Place of Business

1724 NE 2ND STREET
GAINESVILLE FL 32609

Mailing Address

1724 NE 2ND STREET
GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1996

4. FEI Number

59-3403729

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

2. Principal Place of Business

21 727 SEMINOLE RIDGE ROAD

Suite, Apt. #, etc.

2a. Mailing Address

26 727 SEMINOLE RIDGE ROAD

Suite, Apt. #, etc.

City & State

23 MELROSE FL

Zip

24 32666

Country

25 USA

City & State

28 MELROSE FL

Zip

29 32666

Country

30 USA

9. Name and Address of Current Registered Agent

MASSEY, MICHAEL
1724 NE 2ND STREET
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name

MASSEY, MICHAEL

82 Street Address (P.O. Box Number is Not Acceptable)

727 SEMINOLE RIDGE ROAD

83

84 City MELROSE

FL

85 Zip Code 32666

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME MASSEY, MICHAEL
STREET ADDRESS 1724 NE 2ND STREET
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE D ☒ DELETE

NAME MURPHY, THOMAS
STREET ADDRESS 1820 NE 2ND STREET
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE

4/17/98 352-475-5052

CR2E034 (10/97)