

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

FILED

Apr 30 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 # P97000054521 (4)

1. Corporation Name

SOUTHLAND REAL ESTATE, INC.



Principal Place of Business

Mailing Address

36 S. U.S. HWY. 17-92, SUITE 102  
DEBARY FL 32713

36 S. U.S. HWY. 17-92, SUITE 102  
DEBARY FL 32713

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5 BASS LAKE DRIVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 5 BASS LAKE DR.  
Suite, Apt. #, etc.

22 City & State

23 DEBARY, FL.  
Zip Country

27 City & State

28 DEBARY, FL.  
Zip Country

24 32713

25 FLORIDA

9. Name and Address of Current Registered Agent

HAGOOD, RAY  
36 S. U.S. HWY. 17-92, SUITE 102  
DEBARY FL 32713

3. Date Incorporated or Qualified

06/20/1997

4. FEI Number

59-3455270

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

10. Name and Address of New Registered Agent

81 Name

STACY SCHULTZ

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

440 Seminole Ave.

83

84 City

Longwood

FL

85 Zip Code

32750

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 STACY SCHULTZ

Signature, typed or printed name of registered agent and title if applicable

(Not a Registered Agent signature required when reinstating)

4/20/98

DATE

12. OFFICERS AND DIRECTORS

TITLE Pros. - all Positions  
NAME D. Beverly Beske  
STREET ADDRESS 5 BASS LAKE DR.  
CITY-ST-ZIP DEBARY, FL. 32713

☐ DELETE

TITLE V. Pres  
NAME RAY HAGOOD  
STREET ADDRESS 36 S. U.S. HWY 17-92, SUITE 102  
CITY-ST-ZIP DEBARY, FL. 32713

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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 Pros. All Positions  
1.2 NAME D. Beverly Beske  
1.3 STREET ADDRESS 5 BASS LAKE DR.  
1.4 CITY-ST-ZIP DEBARY, FL. 32713

☐ 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

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)