

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

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90042 015 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000054521**

1. Corporation Name  
**SOUTHLAND REAL ESTATE, INC.**



Principal Place of Business

**5 BASS LAKE DRIVE  
DEBARY FL 32713  
US**

Mailing Address

**5 BASS LAKE DRIVE  
DEBARY FL 32713  
US**

DO NOT WRITE IN THIS SPACE

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **36 S.U.S. Hwy. 17-92**

Suite, Apt. #, etc.

22 **SUITE #102**

City & State

23 **DEBARY, FL**

Zip

24 **32713**

Country

25 **U.S.A.**

2a. Mailing Address

26 **36 S.U.S. Hwy. 17-92**

Suite, Apt. #, etc.

27 **SUITE #102**

City & State

28 **DEBARY, FL**

Zip

29 **32713**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**SCHULTZ, STACY  
440 SEMINOLE AVE  
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name

**RAY E. HAGOOD**

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

**685 MERCERS FERNERY RD.**

83

84 City

**DELAND**

FL

85 Zip Code

**32720**

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

*Ray E. Hagood*

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/22/99**

12. OFFICERS AND DIRECTORS

TITLE **PDST** ☒ DELETE  
NAME **BESKE, D B**  
STREET ADDRESS **5 BASS LAKE DR**  
CITY-ST-ZIP **DEBARY FL 32713**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 **PDST** ☒ Change ☐ Addition  
1.2 NAME **RAY E. HAGOOD**  
1.3 STREET ADDRESS **685 MERCERS FERNERY ROAD**  
1.4 CITY-ST-ZIP **DELAND, FL 32720**

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, with all other like empowered.

SIGNATURE:

*Ray E. Hagood*

**3/22/99**

Date

Daytime Phone #

CR2E034 (1/198)