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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # P97000091344 (6)

SOUTHERN LOGISTICS, INC.

L	_								/		
Principal Place of Business Mailing Address]	1141 40 31 0 1010 1	- 14866 HAIT WIL	ELV REDE HADA
2556 RUNNING OAK CT. 2556 RUNNING OAK CT. SPRING HILL FL 34608								DO NOT WRITE	E IN THIS S	PACE	
								3. Date Incorporated or Qualified	_ 114 11 113 3	FACE	
								10/23/1997			
2. Principal Place of Business 2e. Mailing Address								4. FEI Number		- I A	pplied For
21			26	26				59-3477912	8	N ₁	ot Applicable
Suite, Apt	#, etc.		Suite, Api	Suite, Apt. #, etc.			5. Certificate of Status Desired	□⁄	T	Additional equired	
City & Sta	te		City & Sta	City & State			6. Election Campaign Financing		\$5.00	May Be	
23			28	· · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution Added to Fees			
Zip 24	Country Zip 29 3			Country			8. This corporation owes or has paid the curred year Intangible Personal Property Tax due June 30.				
	9. Name	and Address of Curr	ent Registered Age	nt				10. Name and Address of New Re			_
Do	NNELLY, C	BEORGE A			В	1	Name				
2556 RUNNING OAK CT.					8	2	Street Addres	dress (P.O. Box Number is Not Acceptable)			
SPRING HILL FL 34608											
					8	3					
						84 City FL 85 Zip Code					Code
11. Pursuant office or agent 1 a	to the provis registered ac am familiar w	ions of Sections 607.0 gent, or both, in the Sta ith, and accept the obl	502 and 607.1508, Fl ite of Florida. Such cl igations of, Section 6	lorida Statut es hange was au 07.0505, Flori	s, the about thorized lida Statut	by tl	named corpo he corporatio	ration submits this statement for the policy accepts to and of directors. I hereby accepts to the policy accepts the policy acc		changing it sintment as	ts registered registered
SIGNATURE	·										
<u> </u>	Signature, typed	or printed name of registernd a		(NOTE:	_	gent	signature required		DATE		
12.	0.00	\ _ \ - \ \ \ \ \ \ \ - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR Change	RS IN 12 Addition
NAME	PRESI	DENT	L.	DESCRE	1.2 NAMI				,	change	L ADDITION
STREET ADDRESS 25% RILNNING ONK CT.					1.3 STREET ADDRESS						
CITY-ST-ZIP SPRING HILL, FL. 34608					1.4 CITY-ST-ZIP						
TITLE	1 2 11 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P					2.1 TITLE				☐ Change	☐ Addition
NAME	NAME DIM A-JACKSON					2.2 NAME				-	
STREET ADDRESS 13153 THOPOTOS ASSA RD.					2.3 STREET ADDRESS						
CITY-ST-ZIP	DOUF	2 FC-3352	7		2. 4 CITY	- ST -	ZIP				
TITLE				DELETE	3.1 THILE				1	Change	Addition
NAME					3.2 NAME	E					
STREET ADDRESS					3.3 STREI	et ad	DOMESS				;
CITY-ST-ZIP				05.555	3.4. CITY	_	ZIP				
TITLE			Ц	DELETÉ	4.1 TITLE				i	L Change	Addition
HAME					4. 2 NAM						İ
STREET ADDRESS	l				4.3 STREE	ET AD	DAESS				

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 13 if changed, or on an attachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3-9-9X

DELETE

DELETE

CR2E034 (10/97)

Addition

7000024615† -03/19/98--01007--023

***150.00

FILED

Mar 18 1998 8:00am

Secretary of State