PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000010469

1. Corporation Name

M SOUTH CORPORATION

Principal	Place	of Business				

Mailing Address

618 LIVE OAK PLANTATION ROAD TALLAHASSEE FL 32312

618 LIVE OAK PLANTATION ROAD TALLAHASSEE FL 32312

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90177 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02/02/1998

2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address				Ap	plied For	
21		6		59-3491a	ર <i>૦</i> ૪	No.	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status De	esired 🗆	\$8.75 Additional Fee Required			
City & State	9	City & State			Election Campaign Fin Trust Fund Contribution	-	\$5.00 Added		
23	Country	4 1	Country		 			0,000	
Zip	25	Zip Country 29 30			8. This corporation owes the current year Intangible Personal Property Tax.				
	9. Name and Address of Current	Registered Agent			10. Name and Address o	f New Registered	Agent		
MIDDLEBROOKS, HARRY SR 618 LIVE OAK PLANTATION ROAD TALLAHASSEE FL 32312		81 Name 82 Street Address (P.O. Box Number is Not Acceptable)							
		83							
			84	City		FL	- '	Code	
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was autr	norized by	tne corporatio	oration submits this statement on's board of directors. I hereb	t for the purpose o by accept the appo	f changing its intment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agen	t signature required	d when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTO	DRS IN 12	
TITLE	Ð	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME	MIDDLEBROOKS, HARRY SR		1.2 NAME						
STREET ADDRESS	ALCOHOL CALL DI ANGATIONI DOAD		13 STREET	ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST	1					
TITLE	DELETE		2.1 TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
NAME		_	2.2 NAME						
!			2.3 STREET	ADDRESS					
STREET ADDRESS			2.4 CITY-S	1				ł	
CITY-ST-ZIP TITLE			3.1 TITLE	1-2r			Change	Addition	
			3.2 NAME				_ •	_	
NAME			3.3 STREET	ADDDESS				ţ	
STREET ADDRESS									
CITY-ST-ZIP		☐ OELETE	3.4. CITY-S 4.1 TITLE	1-237			Change	Addition	
TITLE		L. DELETE	4.7 ITEE					,	
NAME				ADDRESS					
STREET ADDRESS			4.3 STREET						
CITY-ST-ZIP		□ DELETE	4.4 CITY - ST 5.1 TITLE	1-2112			☐ Change	Addition	
TITLE		☐ DELETE	5.1 IIILE 5.2 NAME				L. Jinninge		
NAME STREET ADDRESS			5.3 STREET	ADDRESS				ĺ	
			5.4 CITY-S1	r-21P					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME		-	6.2 NAME				_		
	13		6.3 STREET	ADDRESS				ļ	
STREET ADDRESS			6.4 CITY-ST					ļ	
CITY-ST-ZIP.	<u> </u>		3.4 (111-3						

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: