FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P98000010469 02 001 17 AM 10: 54 1. Entity Name SECRETARY OF STATE		
M SOUTH CORPORATION SECRETARY OF STATE	02 OCT 17 AM 10: 54	
M SOUTH CORPORATION SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DO NOT WRITE IN THIS SPACE		
Principal Place of Business 3. Mailing Address		
526 East 7th Avenue 526 East 7th Avenue		
Suite, Apt. #, etc. DO NOT WRITE IN THIS	S SPACE	
City & State City & State 4. FEI Number 59-3491208	Applied For Not Applicable	
Zip Country Zip Country USA 32303 USA 5. Certificate of Status Desired	\$8.75 Additional Fee Required	
7. Name and Address of Current Registers		
Name Harry M. Middlebrooks, Jr	Name Harry M. Middlebrooks, Jr	
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE 526 East 7th Avenue		
City Tallahassee F	L Zip Code 32303	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	- 32303	
21 9 9 11 11 The state of Florida.		
SIGNATURE / M. My M. Harry M. Middlebrooks, Jr. 10/15		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
9. This corporation is eligible to satisfy its Intangible Tan File Corporation is eligible to satisfy its Intangible After May 1 Fac is \$150.00 10. Election Campaign Financing	\$5.00 May Be	
Tax filing requirement and elects to do so. Amendad UBR is \$61.25 Trust Fund Contribution.	Added to Fees	
make Chaux regains to Department of State		
11. OFFICERS AND DIRECTORS	E	
President and Treasurer	50017	
S 576 Hact /th Avania	14 **b1.25	
T-11-1 FI 20202		
Vice President	18	
Mary Middlebrooks 618 Live Oak Plantation Road		
CITY-ST-ZIP OTO LIVE Oak Plantation Road CITY-ST-ZIP CITY-ST-ZIP		
Secretary mix		
Helen Armenti	<u></u>	
CITY-ST-ZIP 130 Lakeside Drive CITY-ST-ZIP DO NOT WR	VITE	
IN THIS SPA	CE	
NAME : COMMITTEE :	.OL	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP		
TITLE THE		
NAME		
STREET ADDRESS STREET ADDRESS		
CITY-ST-ZIP CITY-ST-ZIP		
TITLE THE SAME		
NAME STREET ADDRESS STREET ADDRESS		
CITY-ST-ZIP		
13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further or indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appear attachment with an address, with all other like empowered.	t am an officer of director	

850/523-2076

10/15/02