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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000049762
4 6 0 10	

 Corporation Name SOUTHERN REAL ESTATE SERVICES, INC.

Principal Place of Business
3170 MAIN STREET
COTTONIDALE EL 22421



Principal Place	e of Business	Mailing Address				, , , , , , , , , , , , , , , , , , ,			
3170 MAIN STE	REET	3170 MAIN STREET							
COTTONDALE	FL 32431	COTTONDALE FL 32431	COTTONDALE FL 32431			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qua			
						06/03/1998			}
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				59-35083	2.3	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desir		\$8.75	
22		27			*	U. Certificate of Status Dosi			quired
City & State	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	_	untry		8. This corporation owes the	a current year in	tangible ☐ Yes	□No
24	9. Name and Address of Currer	29	30			Personal Property Tax. 10. Name and Address of I	New Registered		
	5. Name and Address of Curren	it Registered Agent		81 1	Name	A	4	•	
MAN	ILEY, CLARENCE III			1	CLA	KONEP UNI	NAX T	II	
	MAIN STREET			82 5	Street Addı	ress (P.O. Box Number is Not Ad	ceptable)	مو مد	
	TONDALE FL 32431			83					
					3/7	MKIN SI		1221 -	
				84	City	Tradely	FI		Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statu	tes, the	above-n	amed corp	poration submits this statement for	or the purpose o	f changing its	registered
office or r	registered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorize	ed by the	e corporation	on's board of directors. I hereby	accept the appo	ointment as re	gistered
SIGNATURE		Alox	C. D. matern	al Ament ai	anatura saguisa	ed when reinstating)	DATE		
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13		Busine reduie	ADDITIONS/CHANGES T		ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 1	TITLE				Change	☐ Addition
NAME	MANLEY, CLARENCE III		1.21	NAME					1
STREET ADDRESS	3170 MAIN STREET		1.3 5	STREET AL	DRESS				1
CITY-ST-ZIP	COTTONDALE FL 32431		1.4 (CITY-ST-Z	ŧP			٠	
TITLE	STD	DELETE		TITLE				Change	☐ Addition
NAME	VANDIVIER, CALVIN L	-	2.21	NAME					
STREET ADDRESS	4645 SMITHFIELD ROAD		2.3 9	STREET AL	XORESS				.
CITY-ST-ZIP	MELBOURNE FL 32934		2.4	CITY-ST-Z	<u>ZIP</u>				
TITLE		☐ DELETE	3.1	TITLE				Change	☐ Addition
NAME			3.21	NAME					
STREET ADDRESS			3.3 9	STREET A	DRESS				
CITY-ST-ZIP			3.4.	CITY-ST-2	ZIP				
TITLE		☐ DELETE	4.1	TITLE	1			☐ Change	☐ Addition }
NAME			4.2	NAME					<u> </u>
STREET ADDRESS	***		4.3	STREET AL	DDRESS		•		
CITY-ST-ZIP			4.4 (CITY-ST-2	IP				
TITLE		☐ DELETE		TITLE				☐ Change	☐ Addition
NAME				NAME					1
STREET ADDRESS				STREET AL	ļ				ĺ
CITY-ST-ZIP				CITY-ST-Z	IP				- Addison
TITLE		☐ DELETE	- 1	TITLE	-			☐ Change	☐ Addition
NAME				NAME					
STREET ADDRESS				STREET AL					
	I		644	CITY-ST-7	'IP I				Į.

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: