## Mar 06, 1999 8:00 am **Secretary of State**

03-06-1999 90134 047 \*\*\*150.00

## **PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000054776
Corporation Name	

SOUTHERN ACQUISITION GROUP, INC.

Mailing Address Principal Place of Business 12711 PINEWAY DRIVE 12711 PINEWAY DRIVE **LARGO FL 33773** LARGO FL 33773 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/17/1998 4. FEI Numbe Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Fee Required 22 City & State 8. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 23 28 -Country-8. This corporation owes the current year intangible Zip' Country XINo Yes Personal Property Tax. 25 30 24 29 to. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CUSTER, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 82 12711 PINEWAY DRIVE LARGO FL 33773 83 Zip Code 84 85 City 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, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. X Addition ☐ Change ☐ DELETE 17/5 1.1 TITLE TITLE Steve G. Horn 2883 Northbrook L 12 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DOFLETE 2.1 TITLE TILE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change ☐ Addition ☐ DELETE 31 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE --4.1 TITLE " TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 5.1 TITLE me 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CTTY-ST-ZIP Change ☐ Addition 6.1 TITLE OELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 cath; 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP