

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90008 001 ***150.00

DOCUMENT # P98000077379

1. Corporation Name

SOUTHERN NIGHTS ENTERTAINMENT CORPORATION

Principal Place of Business
13254 HEATHER RIDGE LOOP
FT. MYERS FL 33912

Mailing Address
13254 HEATHER RIDGE LOOP
FT. MYERS FL 33912



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1998

2. Principal Place of Business

21 1400 GULF SHORE BLVD. N.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 208A

City & State
NAPLES FL

Zip Country
34102 COLLIER

27 Suite, Apt. #, etc.

28 City & State

Zip Country
29 30

4. FEI Number

59-3538055

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

PALMER, DON
13254 HEATHER RIDGE LOOP
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name BRENDA PALMER

82 Street Address (P.O. Box Number is Not Acceptable)

13254 HEATHER RIDGE LOOP

83

84 City FT. MYERS

FL

85 Zip Code

33912

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 Brenda Palmer
Signature, typed or printed name of registered agent and title if applicable.

BRENDA PALMER
(NOTE: Registered Agent signature required when reinstating)

5/31/99
DATE

12. OFFICERS AND DIRECTORS

TITLE STD
NAME PALMER, BRENDA S
STREET ADDRESS 13254 HEATHER RIDGE LOOP
CITY-ST-ZIP FT. MYERS FL 33912

☐ DELETE

TITLE PD
NAME PALMER, DON
STREET ADDRESS 13254 HEATHER RIDGE LOOP
CITY-ST-ZIP FT. MYERS FL 33912

☐ DELETE

TITLE D
NAME PALMER, REX D JR.
STREET ADDRESS 1717 AZURE WAY
CITY-ST-ZIP MURFREESBORO TN 37128

☐ DELETE

TITLE D
NAME LIEVENSE, CARL
STREET ADDRESS 1400 GULF SHORE BLVD. N., SUITE 208
CITY-ST-ZIP NAPLES FL 34102

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 25023 JERRY JAMES DRIVE 14C
2.4 CITY-ST-ZIP VALDOSTA GA 31602

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE DIRECTOR
4.2 NAME DON MEINKE
4.3 STREET ADDRESS 259 MANSFIELD AVENUE
4.4 CITY-ST-ZIP DARIEN CT

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DON PALMER

6/1/99

(912)242-4758

CR2E034 (1/98)