FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S74893 (6)

1. Corporate Name
SOUTHERN INDUSTRIAL ASSOCIATES, INC.

Principal Place of Business
6782 - 118TH AVE NORTH
LARGO FL 34643

Mailing Address
6782 - 118TH AVE NORTH
LARGO FL 34643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
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2a. Mailing Address
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4. FEI Number: 59-3086392 — 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 has initially filed an election to be taxed under Subchapter S of the Internal Revenue Code and under Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
COVELESKIE, STAN
6782 118TH AVE N
LARGO FL 34643

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DPS COLVELESKIE, STANLEY R. 6588 GOLDEN HORSESHOE DR SEMINOLE FL	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition COVELESKIE
TITLE NAME STREET ADDRESS CITY, ST, ZIP	T COVELESKIE, STANLEY R. 6588 GOLDEN HORSESHOE DR SEMINOLE FL	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DV COVELESKIE, KATHLEEN 6588 GOLDEN HORSESHOE DR SEMINOLE FL	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual report is true and complete 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 of this report or my name has been typed or printed with an address.

SIGNATURE: Stan Coveleskie 1/29/95 813 536 5507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0371819 CP