

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S91167** (4)

1. Corporation Name

SOUTHERN CARRIER AND SERVICES, INC.



Principal Place of Business

Mailing Address

ROBINSON, WESLEY, M.
501 BRICKELL KEY DR., STE#504
MIAMI FL 33131
US

ROBINSON, WESLEY, M.
501 BRICKELL KEY DRIVE
MIAMI FL 33131
US

2. Principal Place of Business

2a. Mailing Address

21 **WESLEY M. ROBINSON, P.A.** 26 **WESLEY M. ROBINSON**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **501 Brickell Key Dr. St. 504** 27 **501 Brickell Key Drive**
City & State City & State

23 **Miami, FL** 28 **Miami, FL**
Zip City

24 **33131** 25 Country 29 **33131** 30 Country

9. Name and Address of Current Registered Agent

ROBINSON, WESLEY M
501 BRICKELL KEY DR, STE#504
SUITE 4500, SOUTHEAST FINANCIAL CENTER
MIAMI FL 33131

3. Date Incorporated or Qualified
10/30/1991

3a. Date of Last Report
04/24/1995

4. FEI Number
65-0292019
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 liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **WESLEY M. ROBINSON**
82 Street Address (P.O. Box Number is Not Acceptable)
501 Brickell Key Dr. Ste. 504
83
84 City **Miami** FL 85 Zip Code **33131**

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when making change)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	MATHENEY, A. GROVER	200 S. BISCAYNE BLVD.	MIAMI FL	<input type="checkbox"/>
SD	MATHENEY, FREDDIEANN	200 S. BISCAYNE BLVD.	MIAMI FL	<input type="checkbox"/>
TD	MAJOR, LANDIS C.	200 S. BISCAYNE BLVD.	MIAMI FL	<input type="checkbox"/>
D	MAJOR, ELLEN R.	200 S. BISCAYNE BLVD.	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. DELETE
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A GROVER MATHENEY

March 5, 1996

011(507)28-0222

Date

Display Phone #

CR2E034 (12/95)