

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

FILED  
Feb 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V06969** (2)  
1. Corporation Name  
**SOUTHERN PROPERTIES & INVESTMENT, INC.**



Principal Place of Business <b>416 VALLEY GREEN STE. #416 MAULDIN SC 29662 US</b>	Mailing Address <b>416 VALLEY GREEN STE. 416 MAULDIN SC 29662-1681 US</b>
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3. Date Incorporated or Qualified <b>01/15/1992</b>	3a. Date of Last Report <b>03/11/1996</b>
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2. Principal Place of Business 21 <b>345 Rae's Creek Dr.</b>	2a. Mailing Address 26 <b>P.O. Box 488</b>
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4. FEI Number <b>59-3103105</b>	Applied For <input type="checkbox"/> Not Applicable
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22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>Greenville SC</b>	28 <b>Mauldin, SC</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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24 <b>29609-1986</b>	25 <b>Greenville</b>	29 <b>29662</b>	30 <b>Greenville</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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9. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**JOYCE, JERRY L.  
204 N. MACDILL AVENUE  
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 *Carl Perry* **Carl Perry** **2-10-97**  
(Signature required or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PV PERRY, CARL</b>
STREET ADDRESS	<b>416 VALLEY GREEN</b>
CITY - ST - ZIP	<b>MAULDIN SC</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>ST PERRY, CARL</b>
STREET ADDRESS	<b>416 VALLEY GREEN</b>
CITY - ST - ZIP	<b>MAULDIN SC</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	<b>345 Rae's Creek Dr.</b>
1.4 CITY - ST - ZIP	<b>Greenville, SC 29609</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>345 Rae's Creek Dr.</b>
2.4 CITY - ST - ZIP	<b>Greenville, SC 29609</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Carl Perry* **Carl Perry** **2-10-97 864-268-3508**

CR2E034 (9/96)