FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V14316** **(6)**

1. Corporation Name

OLD SOUTH SERVICES CORPORATION

Principal Place of Business	Mailing Address
117 WEST ALEXANDER STREET PLANT CITY FL 33566 US	117 WEST ALEXANDER STREET PLANT CITY FL 33566 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

3. Date Incorporated or Qualified: **02/14/1992**

3a. Date of Last Report: **02/14/1995**

4. FEI Number: **59-3107917** ☐ 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

9. Name and Address of Current Registered Agent

LOVING, PATRICIA
117 WEST ALEXANDER STREET
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1005, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1 TITLE		☒ Change ☐ Addition
NAME	WALDON LOVING		2 NAME		
STREET ADDRESS	1419 PLANTATION CIR APT 2008		3 STREET ADDRESS	6605 Surfside Blvd	
CITY-ST-ZIP	PLANT CITY FL		4 CITY-ST-ZIP	Apollo Beach, Fl 33572	
TITLE	VPST	☐ DELETE	5 TITLE		☒ Change ☐ Addition
NAME	PATRICIA LOVING		6 NAME		
STREET ADDRESS	1419 PLANTATION CIR APT 2008		7 STREET ADDRESS	6605 Surfside Blvd	
CITY-ST-ZIP	PLANT CITY FL		8 CITY-ST-ZIP	Apollo Beach, Fl 33572	
TITLE		☐ DELETE	9 TITLE		☐ Change ☐ Addition
NAME			10 NAME		
STREET ADDRESS			11 STREET ADDRESS		
CITY-ST-ZIP			12 CITY-ST-ZIP		
TITLE		☐ DELETE	13 TITLE		☐ Change ☐ Addition
NAME			14 NAME		
STREET ADDRESS			15 STREET ADDRESS		
CITY-ST-ZIP			16 CITY-ST-ZIP		
TITLE		☐ DELETE	17 TITLE		☐ Change ☐ Addition
NAME			18 NAME		
STREET ADDRESS			19 STREET ADDRESS		
CITY-ST-ZIP			20 CITY-ST-ZIP		
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is true, accurate and complete. I further certify that the information indicated on this report or supplemental 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 added above.

SIGNATURE: Waldon Loving Waldon Loving 3-12-96 813-754-5533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)