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Jan 15 1997 8:00am  
Secretary of State

1-15-97 B-0195-C  
PROFIT CORPORATION  
ANNUAL REPORT  
1997

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

DOCUMENT # **V29848** (1)  
1. Corporation Name  
**SOUTH FINANCIAL SERVICES, INC.**

Principal Place of Business: **1820 NE 2ND ST. GAINESVILLE FL 32609**  
Mailing Address: **1820 NE 2ND ST. GAINESVILLE FL 32609-3763**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/21/1992</b>		3a. Date of Last Report <b>04/29/1996</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-3169463</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MURPHY, THOMAS 1820 NE 2ND ST. GAINESVILLE FL 32609</b>				10. Name and Address of New Registered Agent			
81. Name				<b>Lorraine B. Murphy</b>			
82. Street Address (P.O. Box Number is Not Acceptable)				<b>1724 NE 2nd Street</b>			
83. City				<b>Gainesville FL 32609</b>			
84. Zip				<b>FL 32609</b>			

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: *Lorraine B. Murphy* (NOT: Registered Agent signature required when reinstating) DATE: **1/18/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MURPHY, THOMAS	1.2 NAME	Murphy, Lorraine B.
STREET ADDRESS	1820 NE 2ND ST.	1.3 STREET ADDRESS	1724 NE 2nd Street
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gainesville, FL 32609
TITLE	ST	2.1 TITLE	
NAME	MURPHY, LARRAINE	2.2 NAME	
STREET ADDRESS	1820 NE 2ND ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Thomas F. Murphy* Date: **1/18/96** Daytime Phone #: **352 377-5626**

CR2E034 (9/96)