SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORFORATIONS 1996 DOCUMENT # (3)V47200 SOUTHERN PROCESSING ENTERPRISES, INC. Principal Place of Business Mailing Address 4201 45TH ST S 4201 45TH ST S ST PETERSBURG FL 33711 ST PETERSBURG FL 33711 3a. Date of Last Report 3. Date Incorporated or Qual fied 06/28/1995 07/01/1992 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable <u>59-3146741</u> 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite Apt # etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199 032, Zφ Country Country Zip Yes X No Fiorida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHILDRESS, JOE 82 Street Address (P.O. Box Number is Not Acceptable) 4201 45TH ST S ST PETERSBURG FL 33711 83 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes (Fig. 1) Fig. 1 seems. Again segmental requires Linkhon telesible required SIGNATURE Styparane type operation to an embry plate entarger hand take it apple abor ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)OFFICERS AND DIRECTORS 13. 12 Ghange Addition DELETE 1.1 101: E TITLE CR2E034 1.2 NAME NAME CHILDRESS, JOHN J 13 STREET ADDRESS STREET ADDRESS 4201 45TH ST S 1.4 CITY - ST - ZIP ST PETERSBURG FL CITY-ST-ZIP Change Addition DELETE 2.1 TH: F TITLE 2.2 NAME CHILDRESS, II J 2.3 STREET ADDRESS STREET ADDRESS #10 FAIRWAY VILLA 2 4 CITY - ST - ZIP DANIELS WV. CITY - ST - ZIP Change Addition DELETE 3.1 TITEF TITLE 3.2 NAME CHILDRESS, CATHERINE L 3.3 STREET ADDRESS 4201 45TH ST S STREET ADDRESS 3.4 CHTY - ST - ZIP ST PETERSBURG FL CITY - ST - ZIP Change Addition DELETE 4.1 TiTLE TITLE 4 2 NAME CHILDRESS, JAY R NAME 4.3 STREET ADDRESS STREET ADDRESS P O BOX 189 NA 4.4 C/TY - ST - Z/P **BEAVER WV** CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELFTE 6.1 TiTLE TITLE 62 NAME NAME

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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or only a attachment with an address.

SIGNATURE:

STREET ADDRESS

JOHN J. CHILDRESS GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR THE STORY

6.3 STREET ADDRESS

6.4 CiTY -ST. ZIP