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FILED

May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V49196

(1)

1. Corporation Name

SOUTHERN BUILDING, INC.

Principal Place of Business

2500 HOWELL BRANCH RD
41
WINTER PARK FL 32782
US

Mailing Address

P O BOX 185865
WINTER SPRINGS FL 32719-5865
US

2. Principal Place of Business

21 334 Wymore Rd.
Suite, Apt. #, etc.

22 #104
City & State

23 Altamonte Springs, FL
Zip Country

24 32714
Country

2a. Mailing Address

26 PO Box 940219
Suite, Apt. #, etc.

27 Martland
City & State

28 Martland, FL
Zip Country

29 32794-0219
Country

9. Name and Address of Current Registered Agent

JAMESON, WILLIAM F. I
3531 NORWICH CT.
CASSELBERRY FL 32707

3. Date Incorporated or Qualified

07/01/1992

3a. Date of Last Report

02/06/1996

4. FEI Number

59-3130247

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

Bill Jameson

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

334 Wymore Rd #104

83

84 City

Altamonte Springs

FL

85 Zip Code

32714

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

Bill Jameson

Vice-President

4/25/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDST
NAME JAMESON, WILLIAM F., III
STREET ADDRESS 3531 NORWICH CT.
CITY-ST-ZIP CASSELBERRY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice-President ☐ Change ☒ Addition

1.2 NAME Bill Jameson

1.3 STREET ADDRESS 334 Wymore Rd. #104

1.4 CITY-ST-ZIP Altamonte Springs, FL 32714 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Bill Jameson, Vice-President

CR2E034 (9/96)