

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V69613 (0)
1. Corporation Name
SOUTHCOST CAPITAL CORPORATION

Principal Place of Business
PO BOX 4069
1800 INDEPENDENT SQUARE
JACKSONVILLE FL 32201
US

Mailing Address
PO BOX 4069
1800 INDEPENDENT SQUARE
JACKSONVILLE FL 32201
US

FILED
98 JUN -1 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1 Independent Drive

Suite, Apt. #, etc.

22 Suite 1600

City & State

23 Jacksonville, FL

Zip

24 32202

Country

25 USA

2a. Mailing Address

26 1 Independent Drive

Suite, Apt. #, etc.

27 Suite 1600

City & State

28 Jacksonville, FL

Zip

29 32202-5009

Country

30 USA

3. Date Incorporated or Qualified

10/08/1992

4. FEI Number

59-3149323

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KREIS, ROBERT R
1800 INDEPENDENT SQUARE (Address Change Only)
JACKSONVILLE FL 32202

300002545273-8

-06/03/98-01009-007

****550.00 ****550.00

10. Name and Address of New Registered Agent

81 Name

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

83 1 Independent Drive

84 Suite 1600 300002545273-8

City

Jacksonville

-06/03/98-01009-007

*****8.75

***3220275

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

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 PD ☐ DELETE

NAME LOVETTE, WR II
STREET ADDRESS 1800 INDEPENDENTS SQUARE
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ DELETE

NAME LOEB, K L
STREET ADDRESS 1800 INDEPENDENT SQUARE
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ DELETE

NAME LOVETTE, P H
STREET ADDRESS 1800 INDEPENDENT SQUARE
CITY-ST-ZIP JACKSONVILLE FL

TITLE VT ☐ DELETE

NAME WILLIAMS, L D
STREET ADDRESS 1800 INDEPENDENT SQUARE
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ DELETE

NAME KREIS, R R
STREET ADDRESS 1010 E ADAMS STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE VD ☐ DELETE

NAME LOVETT, L D
STREET ADDRESS 1010 EAST ADAMS STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME Lovett, WR II
13 STREET ADDRESS 1 Independent Dr., Suite 1600
14 CITY-ST-ZIP Jacksonville, FL 32202-5009

2.1 TITLE ☒ Change ☐ Addition

22 NAME ~~300002545273-8~~
23 STREET ADDRESS 1 Independent Dr., Suite 1600
24 CITY-ST-ZIP Jacksonville, FL 32202-5009

3.1 TITLE ☒ Change ☐ Addition

32 NAME 1 Independent Dr., Suite 1600
33 STREET ADDRESS Jacksonville, FL 32202-5009

4.1 TITLE ☒ Change ☐ Addition

42 NAME 1 Independent Dr., Suite 1600
43 STREET ADDRESS Jacksonville, FL 32202-5009

5.1 TITLE ☒ Change ☐ Addition

52 NAME V/S
53 STREET ADDRESS 1 Independent Dr., Suite 1600
54 CITY-ST-ZIP Jacksonville, FL 32202-5009

6.1 TITLE ☒ Change ☐ Addition

62 NAME Fant, L. D. Lovett
63 STREET ADDRESS 1 Independent Dr., Suite 1600
64 CITY-ST-ZIP Jacksonville, FL 32202-5009

14. I 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.

CR2E034 (10/97)