

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1100000397

**Entity Name:** SOUTHERN SHOCKERS INC.

**Current Principal Place of Business:**

9161 LIPE RD SW  
ARCADIA, FL 34266

**Current Mailing Address:**

PO BOX 110092  
LAKEWOOD RANCH, FL 34211 US

**FEI Number:** 27-4555095

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALLACE, KEITH M  
151 ASBURY ST  
ARCADIA, FL 34266 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LIPE, THOMAS  
Address        9162 LIPE RD SW  
City-State-Zip: ARCADIA FL 34266

Title            DIR  
Name            JETER, MIKE  
Address        PO BOX 110092  
City-State-Zip: LAKEWOOD RANCH FL 34211

Title            VP  
Name            WALLACE, KEITH M  
Address        PO BOX 110092  
City-State-Zip: LAKEWOOD RANCH FL 34211

Title            TREASURER  
Name            TEST, JASON  
Address        204 S MAIN ST #128  
City-State-Zip: LAKE PLACID FL 33852

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KEITH M WALLACE

VP

04/23/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date