

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000051248

**Entity Name:** SOUTHWIDE INDUSTRIES, INC.

**Current Principal Place of Business:**

4357 OKEECHOBEE BLVD.  
SUITE C4  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

4357 OKEECHOBEE BLVD.  
SUITE C4  
WEST PALM BEACH, FL 33409

**FEI Number:** 65-0857746

**Certificate of Status Desired:** Yes

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

BIERMANN, JOHN  
16743 W. LANCASHIRE DRIVE  
LOXAHATCHEE, FL 33470 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           | P                         | Title           | VP                     |
| Name            | BIERMANN, JOHN            | Name            | HOLMES, ADAM D         |
| Address         | 16743 W. LANCASHIRE DRIVE | Address         | 4618 SW LACKAWANNA ST  |
| City-State-Zip: | LOXAHATCHEE FL 33470      | City-State-Zip: | PORT ST LUCIE FL 34953 |

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN BIERMANN

**PRESIDENT**

**02/23/2015**

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

\_\_\_\_\_  
Date