

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V29848

Entity Name: SOUTH FINANCIAL SERVICES, INC.**Current Principal Place of Business:**119 PIRATES COVE DR
MARATHON, FL 33050**Current Mailing Address:**119 PIRATES COVE DR
MARATHON, FL 33050 US**FEI Number:** 59-3169463**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LORRAINE B. MURPHY
119 PIRATES COVE DR
MARATHON, FL 33050 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	PD
Name	MURPHY, LORRAINE B.
Address	119 PIRATES COVE DR
City-State-Zip:	MARATHON FL 33050

Title	ST
Name	MURPHY, LORRAINE
Address	119 PIRATES COVE DR
City-State-Zip:	MARATHON FL 33050

Title	VP
Name	MOWRY, TOM S
Address	5307 NW 91ST BLVD
City-State-Zip:	GAINEVILLE FL 32653

Title	VP
Name	SHANNON BRYAN
Address	3336 STARLIGHT HILL COURT
City-State-Zip:	SPRING TX 77386

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: LORRAINE MURPHY

P

03/06/2020

Electronic Signature of Signing Officer/Director Detail_____
Date