

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **H58322 (9)**
 1. Corporation Name
SO. DEV. CO. INVESTMENTS, INC.



Principal Place of Business: **3500 S. ATLANTIC AVENUE SUITE 200 NEW SMYRNA BEACH FL 32169 US**
 Mailing Address: **P.O. BOX 2552 NEW SMYRNA BEACH FL 32170 US**

3. Date Incorporated or Qualified: **05/22/1985** 3a. Date of Last Report: **07/07/1995**

2. Principal Place of Business: **822 N. Donnelly St.** 2a. Mailing Address: **P.O. Box 907**
 Suite, Apt #, etc.
 23. **Mount Dora, FL** 28. **Mount Dora, FL**
 Zip: **32757** Country: **Lake** Zip: **32757** Country: **Lake**

4. FEI Number: **59-2577553** 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

9. Name and Address of Current Registered Agent
BLANC, LOUIS E.
3500 S. ATLANTIC AVENUE
SUITE 200
NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent
 81 Name: **Blanc, Louis E.**
 82 Street Address (P.O. Box Number is Not Acceptable): **822 N. Donnelly St.**
 83
 84 City: **Mount Dora** FL 85 Zip Code: **32757**

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: **Louis E. Blanc Pres.** **Louis E. Blanc** **7-2-96**
Signature of person or persons authorized to accept appointment as registered agent Signature of Registered Agent DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PTD	<input type="checkbox"/>
NAME	BLANC, LOUIS E.	
STREET ADDRESS	3500 S. ATLANTIC AVENUE SUITE 200	
CITY - ST - ZIP	NEW SMYRNA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Blanc, Louis E.		
1.3 STREET ADDRESS	822 N. Donnelly St.		
1.4 CITY - ST - ZIP	Mount Dora, FL, 32757		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Louis E. Blanc** **Louis E. Blanc** **7-2-96 (352) 383-6461**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (3/96)