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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90076 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000003047**

1. Corporation Name
EASTGROUP PROPERTIES GENERAL PARTNERS, INC.



Principal Place of Business Mailing Address

100 ONE JACKSONPLACE 100 ONE JACKSONPLACE
 188 EAST CAPITOL STREET 188 EAST CAPITOL STREET
 JACKSON MS 39201 JACKSON MS 39201

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified
06/11/1997

4. FEI Number Applied For
72-1368282 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOSTER II, DAVID H | 1.2 NAME | |
| STREET ADDRESS | 188 E CAPITIL ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSON MS | 1.4 CITY-ST-ZIP | |
| TITLE | VSD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCKEY, N K | 2.2 NAME | |
| STREET ADDRESS | 188 E CAPITIL ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSON MS | 2.4 CITY-ST-ZIP | |
| TITLE | CD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPEED, LELAND R | 3.2 NAME | |
| STREET ADDRESS | 188 E CAPITIL ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSON MS | 3.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOEB, MARSHALL A | 4.2 NAME | |
| STREET ADDRESS | 188 E CAPITIL ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSON MS | 4.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PUCKETT, JANN W | 5.2 NAME | |
| STREET ADDRESS | 188 E CAPITIL ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSON MS | 5.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPEED, STEWART R | 6.2 NAME | |
| STREET ADDRESS | 188 E CAPITIL ST | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSON MS | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE: Keith McKey Date: 4/30/99 (601) 354 3555
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CORPORA 14100