

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 318573 (3)

1. Corporation Name

SOUTHEAST BANKING CORPORATION



Principal Place of Business

Mailing Address

**200 SOUTH BISCAYNE BLVD
STE 2750
MIAMI FL 33131-2321
US**

**200 SOUTH BISCAYNE BLVD.
SUITE 2750
MIAMI FL 33131-2321
US**

3. Date Incorporated or Qualified
07/01/1967

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 **200 S. Biscayne Blvd**

26 **200 S. Biscayne Blvd**

4. FEI Number
59-1172753

Applied For
Not Applicable

22 Suite, Apt. #, etc.
Suite 900

Suite, Apt. #, etc.
Suite 900

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Miami, Florida

Miami, Florida

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24 Zip **33131-2321**

Country **US**

29 Zip **33131-2321**

Country **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRANDT, WILLIAM A
200 S. BISCAYNE BLVD. SUITE 2750
32 FLOOR
MIAMI FL 33131**

81 Name

William A. Brandt, Jr.

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

200 S. Biscayne Blvd

83

Suite 900

84 City

Miami, Florida

FL

85 Zip Code
33131-2321

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P/S**
STREET ADDRESS **WILLIAM A. BRANDT, JR.**
CITY-ST-ZIP **200 S. BISCAYNE BLVD. SUITE 2750**
MIAMI, FL 33131-2306

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **William A. Brandt, Jr.**
1.3 STREET ADDRESS **200 S. Biscayne Blvd, Suite 900**
1.4 CITY-ST-ZIP **Miami, Florida 33131-2321**

TITLE ☐ DELETE
NAME **T/D**
STREET ADDRESS **WILLIAM A. BRANDT, JR.**
CITY-ST-ZIP **200 S. BISCAYNE BLVD. SUITE 2750**
MIAMI, FL 33131-2306

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)