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**Apr 04 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P38621 (9)
1. Corporation Name
SOUTHEASTERN CAPITAL CORPORATION



Principal Place of Business: **1029 SOUTH 22ND STREET BIRMINGHAM AL 35205**
Mailing Address: **1029 SOUTH 22ND STREET BIRMINGHAM AL 35205-2811**

3. Date Incorporated or Qualified: **05/04/1992** 3a. Date of Last Report: **03/26/1996**
4. FEI Number: **63-0678357** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FIELD, PETER W.	
STREET ADDRESS	2040 HIGHLAND AVENUE	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WELDEN, CHARLES V., III	
STREET ADDRESS	2040 HIGHLAND AVENUE	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SKELLIE, TOMMIE G.	
STREET ADDRESS	2040 HIGHLAND AVENUE	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WELDEN, WILLIAM B.	
STREET ADDRESS	2040 HIGHLAND AVENUE	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FIELD, ROBERT C.	
STREET ADDRESS	2040 HIGHLAND AVENUE	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELDEN, CHARLES V., JR	
STREET ADDRESS	2040 HIGHLAND AVENUE	
CITY - ST - ZIP	BIRMINGHAM AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: _____ DATE: **3/26/97** DAYTIME PHONE: **205-250-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR