

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 MAR -3 AM 8:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000048547 (2)

1. Corporation Name
SOUTHEASTERN AUTOMOTIVE SPECIALTIES, INC.

Principal Place of Business Mailing Address
**660 PALM SPRINGS DR.
ALTAMONTE SPRINGS FL 32701** **660 PALM SPRINGS DR.
ALTAMONTE SPRINGS FL 32701**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
07/12/1993 **04/18/1994**

4. FEI Number Applied For
59-3191293 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. 109.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **26** *P.O. Box 151297*
State, Apt. #, etc. State, Apt. #, etc.
22 **27**
City & State City & State
23 **28** *ALTAMONTE SPRINGS, FLORIDA*
Zip Country Zip Country
24 **25** **29** *32715* **30** *U.S.A.*

9. Name and Address of Current Registered Agent
**BATTEN, FLOYD F
660 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** Zip Code
FL

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 agent 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 after recording) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME BATTEN, FLOYD F STREET ADDRESS 660 PALM SPRINGS DR. CITY, ST, ZIP ALTAMONTE SPRINGS FL 32701	1.1 TITLE PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME BATTEN, FLOYD F II STREET ADDRESS 3031 LORMAN DR. CITY, ST, ZIP JACKSONVILLE FL 32223	2.1 TITLE VICE PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME MAXWELL, ANDREW J III STREET ADDRESS 5579 OLIVER ST. CITY, ST, ZIP JACKSONVILLE FL 32211	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.071(4), 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. I am an officer or director of the corporation or the registered or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Form 1 or Form 1.1 of this report, or on an attachment with an address.

SIGNATURE: *F. F. Batten* - **FLOYD F. BATTEN, PRESIDENT 2/23/95 1-409-851-8080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR