

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000048547 (2)**  
1. Corporation Name  
**SOUTHEASTERN AUTOMOTIVE SPECIALTIES, INC.**



Principal Place of Business <b>498 PALM SPRINGS DR SUITE 345 ALTAMONTE SPRINGS FL 32701 US</b>	Mailing Address <b>P O BOX 151297 ALTAMONTE SPRINGS FL 32715-1297 US</b>
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2. Principal Place of Business 21 <b>3031 LORMAN DR</b> Suite, Apt. #, etc. 22 City & State 23 <b>Jacksonville FL</b> Zip 24 <b>32223</b> Country 25 <b>DUVAL</b>	2a. Mailing Address <b>P.O. Box 56795</b> 26 Suite, Apt. #, etc. 27 City & State 28 <b>Jacksonville FL</b> Zip 29 <b>32241</b> Country 30 <b>DUVAL</b>	3. Date Incorporated or Qualified <b>07/12/1993</b>	3a. Date of Last Report <b>01/26/1996</b>
		4. FEI Number <b>59-3191293</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BATTEN, FLOYD F  
498 PALM SPRINGS DR  
SUITE 345  
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent  
81 Name **FLOYD F. BATTEN, II**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3031 LORMAN DR**  
83  
84 City **Jacksonville** FL 85 Zip Code **32223**

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's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <del>PD</del>	<input type="checkbox"/> DELETE
NAME <del>BATTEN, FLOYD F</del>	
STREET ADDRESS <del>498 PALM SPRINGS DR SUITE 345</del>	
CITY-ST-ZIP <del>ALTAMONTE SPRINGS FL</del>	
TITLE VPD	<input type="checkbox"/> DELETE
NAME BATTEN, FLOYD F II	
STREET ADDRESS 3031 LORMAN DR.	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>32223</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VPD</b>
3.3 STREET ADDRESS	<b>MARIE A. BATTEN</b>
3.4 CITY-ST-ZIP	<b>3031 LORMAN DR JACKSONVILLE, FL 32223</b>
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: *Floyd F. Batten II* PRESIDENT 3-10-97 (904) 292-2398

CR2E034 (9/96)