

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

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90005 049 \*\*\*150.00

03/75396

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000094850**

Corporation Name  
**SOUTHEAST ELEVATOR SPECIALTIES, INC.**



Principal Place of Business 14 CEZANNE AVENUE LUTZ FL 33549	Mailing Address 6114 CEZANNE AVENUE LUTZ FL 33549
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/10/1998</b>		4. FEI Number <b>59-3543148</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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>REIBERT, JACOB I 26650 STATE ROAD 54 LUTZ FL 33549</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	85 Zip Code	

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)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	<b>D</b>	1.1 TITLE	<b>DIV/T/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>CRISWELL, HIRAM M</b>	1.2 NAME	<b>CRISWELL, HIRAM M.</b>
	<b>6114 CEZANNE AVENUE</b>	1.3 STREET ADDRESS	<b>6114 CEZANNE AVE.</b>
	<b>LUTZ FL 33549</b>	1.4 CITY-ST-ZIP	<b>LUTZ, FL. 33549</b>
<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		2.2 NAME	
<input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		3.2 NAME	
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		4.2 NAME	
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		5.2 NAME	
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		6.2 NAME	
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	

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: **Hiram M. Criswell** **HIRAM M. CRISWELL 8-30-99** **813-949-4745**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

Southeast Elevator Specialties, Inc.  
6114 Cezanne Ave.  
Lutz, FL. 33549

P98 660094 850  
612751-96005-49

August 28, 1999

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL. 32399

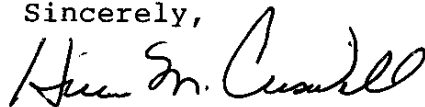
Re: 1999 Corporation Annual Report

To whom it may concern,

This letter is to inform your department that Southeast Elevator Specialties, Inc. did not receive the first notice for the corporation annual report. So therefore, I am only sending a \$150.00 filing fee which is the normal fee required for filing on time. I called your office to verify what the procedure is when this occurs and I was instructed to send this letter with my annual report.

I appreciate your consideration in this matter. Should you require any additional information, please do not hesitate to contact me.

Sincerely,



Hiram M. Criswell

President