

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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **176574** (2)

1. Corporation Name
REEVES SOUTHEASTERN CORPORATION

Principal Place of Business 9800 REEVES ROAD PO BOX 1968 TAMPA FL 33601	Mailing Address 9800 REEVES ROAD PO BOX 1968 TAMPA FL 33601-1968
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/21/1953	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0707254	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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				10. Name and Address of New Registered Agent			
LENHART, M.L. 9800 REEVES ROAD TAMPA FL 33619				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	EVERIDGE, W. CECIL		1.2 NAME	AUGELLO, MICHAEL A.			
STREET ADDRESS	1903 MASTERS WAY		1.3 STREET ADDRESS	18006 Clear Lake Dr.			
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY-ST-ZIP	Lutz, FL 33549			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	V/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NEUMAN, W.K.		2.2 NAME	MECKLEY, M. SCOTT			
STREET ADDRESS	812 ISLAND WALK DRIVE		2.3 STREET ADDRESS	2715 W. Jetton Avenue			
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, FL 33629			
TITLE	DC	<input type="checkbox"/> DELETE	3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SASSER, B. G.		3.2 NAME	GAMBRELL, JERRY			
STREET ADDRESS	13801 SHADY SHORES DR.		3.3 STREET ADDRESS	4705 Ridgecliff Drive			
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Brandon, FL 33511			
TITLE	CEO	<input type="checkbox"/> DELETE	4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LENHART, M.L.		4.2 NAME	KINNEY, BARRY A.			
STREET ADDRESS	3610 W. JOE SANCHEZ RD		4.3 STREET ADDRESS	18644 Avenue Capri			
CITY-ST-ZIP	PLANT CITY FL		4.4 CITY-ST-ZIP	Lutz, FL 33549			
TITLE	V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	EVERIDGE, W. CECIL		5.2 NAME	POLLOCK, SCOTT			
STREET ADDRESS	1903 MASTERS WAY		5.3 STREET ADDRESS	8712 West Lanway			
CITY-ST-ZIP	PLANT CITY FL		5.4 CITY-ST-ZIP	Tampa, FL 33637			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	CEO/Vice C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME	LENHART, M.L.			
STREET ADDRESS			6.3 STREET ADDRESS	3610 W. Joe Sanchez Road			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Plant City, FL 33566			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MILES L. LENHART

4/28/97 (813) 626-3191

CR2E034 (9/96)