FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 361811 (3)

1. Corporation Name
SOUTHEASTERN RESOURCES INC

Principal Place of Business
~~1801 GULFLIFE TOWER~~
~~JACKSONVILLE FL 32207~~

Mailing Address
~~1801 GULFLIFE TOWER~~
~~JACKSONVILLE FL 32207~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/30/1970	04/20/1994

4. FEI Number: 59-1315755 — 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	2a. Mailing Address
21 1301 Riverplace Blvd	26 1301 Riverplace Blvd.
Suite, Apt #, etc: 22 Suite 1901	Suite, Apt #, etc: 27 Suite 1901
City & State: 23 Jacksonville, FL	City & State: 28 Jacksonville, FL
Zip: 24 32207 — Country: 25 U.S.	Zip: 29 32207 — Country: 30 U.S.

9. Name and Address of Current Registered Agent

LANDAU FRANCINE CLAIR ESQ
~~600-601 LAW EXCHANGE BLDG~~
~~24 NORTH MARKET STREET~~
~~JACKSONVILLE FL 32202~~

10. Name and Address of New Registered Agent

81 Name: Landau, Francine Clair ESQ
82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd.
83 Suite 1950
84 City: Jacksonville FL 85 Zip Code: 32207

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 ______________________ DATE

12. OFFICERS AND DIRECTORS	
TITLE	C
NAME	KING, JR., JAMES E.
STREET ADDRESS	13724 PLEASANT VALLY DR
CITY ST ZIP	JACKSONVILLE FL
TITLE	PST
NAME	STEVENSON, RALPH C
STREET ADDRESS	103 OAKWOOD RD
CITY ST ZIP	JACKSONVILLE, FL 00000
TITLE	V
NAME	WHIPPLE, PAULA E.
STREET ADDRESS	6333 CUSTER ROAD
CITY ST ZIP	ORANGE PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1–6: TITLE, NAME, STREET ADDRESS, CITY ST ZIP; ☐ Change ☐ Addition) — none entered

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****200.00 ****200.00

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Paula Whipple PAULA Whipple — 4/6/95 — 398-5464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406407 FP