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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:58

DOCUMENT # **426372** **(9)**

1. Corporation Name
SOUTH EASTERN FLORIDA CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
P O BOX 15454 WEST PALM BEACH FL 33416-2454	P O BOX 15454 WEST PALM BEACH FL 33416-2454

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/22/1973
3a. Date of Last Report: 06/20/1994

2. Principal Place of Business
21: 1547 FLA. MANGO RD. N.
22 Suite, Apt. #, etc.: Build II Unite 3
23 City & State: WPB, Fl.
24 Zip: 33409
25 Country: PB

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-1466624 ☐ 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

9. Name and Address of Current Registered Agent

MOORE,JAMES B
3808 EMBASSY DR
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Moore, James B.
82 Street Address (P.O. Box Number is Not Acceptable): 1547 FLA. MANGO Rd. N.
83: Build II Unite 3
84 City: WPB FL 85 Zip Code: 33409

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MOORE,JAMES B	12 NAME	
STREET ADDRESS	3808 EMBASSY DR.	13 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	MOORE, JAMES	22 NAME	
STREET ADDRESS	3808 EMBASSY DR.	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: _____ 4-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date

Daytime Phone # 407-697-0039

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