FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

466029 DOCUMENT #
1. Corporation Name

(6)

SOUTHEASTERN WIRE MANUFACTURING CORP.

0001112	STOTE IN TIME	VIII III 101111011	,,,,,					}				
Principal Place of	of Business		Ma	a ling Address					i iffitt billi dini dini dini gama mara	1211 41511 51	y., v.v., e.q., e	
9800 REEVES ROAD P.O. BOX 1968			9800 REEVES ROAD P.O. BOX 1968									
TAMPA FL 33601				TAMPA FL 33601					3. Date Incorporated or Qualified 12/10/1974 3a. Date of Last Report 05/01/1995			port 5
2. Principal Place of Business				2a. Mailing Address					4. FEI Number 59-0707254			pplied For
n			26						3870707234			lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		Fee F	Additional Required	
City & State			City & State					Election Campaign Financing Trust Fund Contribution		•	May Be I to Fees	
Zip Country			Zip Country					8. This corporation has liability for intangible tax under s 199,032,				
24	25 25 9. Name and Address of Cu					30			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9, Name and Addr	ess or Current i	regis	terea Agent		81	Name		10. Haite and Address of from	icy store.	a Agont	
I ENHART	, MILES L.					-			s (P.O. Box Number is Not Acceptat	-la\		
	VES ROAD					82	Street A	Addres	S (P.U. Box number is not acceptat	oie)		
TAMPA F						83						
						84	City				85 Zıç	Code
	•						•			F	L.,	
or registere	o the provisions or Sec ed agent, or both, in the h, and accept the oblig	State of Florida	. Siuc	n change was authoriz	zed by the	corp	oration's	board	on submits this statement for the pu of directors. I hereby accept the app	ointment a	as registered	agent. I am
SIGNATURE _	Signatural typnd or printed name						ıtsgna⁺∪re n	w beniupe	tien reinstating)	DATE	IN EVENTOR OF A	DO IN 46
12.	PD	OFFICERS AND	DIREC	DELETE	13	TITLE		I	ADDITIONS/CHANGES 10 OFF	ICERS AF	Change	Addition
TITLE	SASSER, BILLY (.		[] beccie		NAME					onsings	
NAME STREET ADDRESS	9800 REEVES RO						ADDRESS					
CITY - ST - ZIP	TAMPA FL					CHTY-5		İ				
TITLE	VSD	.,		DELETE		TITLE		CEC)		Change	XXddition
NAME	LENHART, MILES				22	NAME						
STREET ADDRESS	9800 REEVES RO	DAD			23	STREET	ADDRESS					
CITY-ST-ZIP	TAMPA FL			ED 501 ET		CITY-S	ST - ZIP				[] Change	Addition
TITLE		. 1		DELETE		TITLE					Change	[] Yadatiqii
NAME	9800 REEVES RO					NAME	T ADDRESS					
STREET ADDRESS	TAMPA FL	,,,,			1	CITY-						
CITY-ST-ZIP TITLE				DELETE		TITLE	21 411				Change	☐ Addition
NAME				_	4.2	NAME						
STREET ADDRESS					43	STREE	ADDRESS					
CITY-SI-ZIP					4.4	CHY-	ST - ZIP				<u>-</u>	
TITLE				DELETE	5.	TITLE					☐ Change	Addition
NAMÉ						NAME						
STREET ADDRESS							I ADDRESS	1				
CITY-ST-ZIP				DELETE		CITY- 1 TiTLE	ST-ZIF	· 			Change	Addition
TITLE				F" DECEN		NAME		1			L_1 5	
NAME BYDEET ADDRESS							I ADDRESS					
STREET ADDRESS						CITY-						
14. I do hereb	L by certify that the inform	ation supplied w	ith t hi	s filing is voluntarily ful	naiched an	d do	or riot au	alify for	the exemption stated in Section 11	9.07(3)(k),	Florida Statu	tes. I further
certify that		ed on this annua tor of the coroora	al repo ation :	ort or supplemental an or the receiver or trust	inual repoi tee empoy			ccurate ite this	e and that my signature shall have th report as required by Chapter 607, I			

SIGNATURE: ___

SIGNATURE AND TYPED WE PRINTED NAME OF SIGNAU OF ICER OR DIRECTOR MILES L. I.ENHART

4/29/96 Dale

(813) 626-3191

Daytime Prione #

CR2E034 (12/95)