

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90008 010 ***558.75

DOCUMENT # 466031

1. Corporation Name

SOUTHEASTERN WIRE CORPORATION

Principal Place of Business

9800 REEVES ROAD
P.O. BOX 1968
TAMPA FL 33601

Mailing Address

9800 REEVES ROAD
P.O. BOX 1968
TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1974

4. FEI Number

59-0707254

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LENHART, MILES L.
9800 REEVES RD.
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name M. Scott Meckley
82 Street Address (P.O. Box Number is Not Acceptable)
9800 Reeves Road
83
84 City Tampa FL 85 Zip Code 33619

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

M. Scott Meckley

9.13.99

Signature, typed or printed name of registered agent (and title) applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	SASSER, BILLY G.	9800 REEVES RD	TAMPA FL	<input checked="" type="checkbox"/>
CEO	LENHART, MILES	9800 REEVES RD.	TAMPA FL	<input checked="" type="checkbox"/>
D	LENHART, MILES	9800 REEVES RD.	TAMPA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Michael A. Augello	9800 Reeves Rd	Tampa FL 33619	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP/CFO	M. Scott Meckley	9800 Reeves Rd	Tampa FL 33619	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/S	Joseph U. Schorer	222 Church Street	Woodstock, IL 60098	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 my address, with all other like empowered.

SIGNATURE:

M. Scott Meckley

9.13.99 813.626.3191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)