

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 488357 (5)

1. Corporation Name  
SOUTHEASTERN MANAGEMENT CENTER, INC.



Principal Place of Business  
730 16TH NORTH  
P.O. BOX 47128  
ST. PETERSBURG FL 33743

Mailing Address  
PO BOX 47128  
ST PETERSBURG FL 33743  
US

3. Date Incorporated or Qualified 10/24/1975 3a. Date of Last Report 04/12/1995

2. Principal Place of Business 2164 - 15 circle N. 2a. Mailing Address 2164 - 15 circle N.

4. FEI Number 59-1633473 Applied For Not Applicable

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State St. Petersburg, FL 27. City & State St. Petersburg, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip 33713 Country USA 29. Zip 33713 30. Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEPUGH, YVONNE  
730 16 ST N  
ST. PETERSBURG FL 33705

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable) 2164 - 15 circle north  
83.  
84. City St. Petersburg FL 85. Zip Code 33713

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD  
NAME DEPUGH, YVONNE E  
STREET ADDRESS 730 16 ST N  
CITY-ST-ZIP ST PETERSBURG, FL 00000

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 2164 - 15 circle north  
1.4 CITY-ST-ZIP St. Petersburg, FL 33713

TITLE CEO  
NAME DEPUGH, ROBERT V  
STREET ADDRESS 730 16 ST N  
CITY-ST-ZIP ST PETERSBURG FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 2164 - 15 circle north  
2.4 CITY-ST-ZIP St. Petersburg, FL 33713

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)