

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 506279 (9)  
1. Corporation Name: SOUTHEAST VIKING CO., INC.



Principal Place of Business: P O BOX 12205 SARASOTA FL 34278  
Mailing Address: P O BOX 12205 SARASOTA FL 34278

3. Date Incorporated or Qualified: 06/30/1976  
3a. Date of Last Report: 07/14/1995

2. Principal Place of Business: 21 7220 Westwood Way, Suite, Apt. #, etc. 22  
23 SARASOTA, FL  
24 34241  
25  
26 7220 Westwood Way, Suite, Apt. #, etc. 27  
28 SARASOTA, FL  
29 34241  
30 USA

4. FEI Number: 59-1673748  
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 [X]

9. Name and Address of Current Registered Agent: SUTCLIFFE, RUSSELL A. 4541 LINWOOD STREET SARASOTA FL 34232

10. Name and Address of New Registered Agent: 81 Name: RUSSELL A. SUTCLIFFE  
82 Street Address (P.O. Box Number is Not Acceptable): 7220 Westwood Way  
83  
84 City: SARASOTA, FL  
85 Zip Code: 34241

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 in block of registered agent and the if applicable. (NOTE: Registered Agent signature required when transferring)

| 12. OFFICERS AND DIRECTORS |                      |                                 |
|----------------------------|----------------------|---------------------------------|
| TITLE                      | PTD                  | <input type="checkbox"/> DELETE |
| NAME                       | SUTCLIFFE, RUSSELL A |                                 |
| STREET ADDRESS             | 7220 WESTWOOD WAY    |                                 |
| CITY - ST - ZIP            | SARASOTA, FL 00000   |                                 |
| TITLE                      |                      | <input type="checkbox"/> DELETE |
| NAME                       |                      |                                 |
| STREET ADDRESS             |                      |                                 |
| CITY - ST - ZIP            |                      |                                 |
| TITLE                      |                      | <input type="checkbox"/> DELETE |
| NAME                       |                      |                                 |
| STREET ADDRESS             |                      |                                 |
| CITY - ST - ZIP            |                      |                                 |
| TITLE                      |                      | <input type="checkbox"/> DELETE |
| NAME                       |                      |                                 |
| STREET ADDRESS             |                      |                                 |
| CITY - ST - ZIP            |                      |                                 |
| TITLE                      |                      | <input type="checkbox"/> DELETE |
| NAME                       |                      |                                 |
| STREET ADDRESS             |                      |                                 |
| CITY - ST - ZIP            |                      |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |   |
|---|--|---|
| 11 TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME   |  |   |
| 13 STREET ADDRESS                                     |  |   |
| 14 CITY - ST - ZIP                                    |  |   |
| 21 TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME   |  |   |
| 23 STREET ADDRESS                                     |  |   |
| 24 CITY - ST - ZIP                                    |  |   |
| 31 TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME   |  |   |
| 33 STREET ADDRESS                                     |  |   |
| 34 CITY - ST - ZIP                                    |  |   |
| 41 TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME   |  |   |
| 43 STREET ADDRESS                                     |  |   |
| 44 CITY - ST - ZIP                                    |  |   |
| 51 TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME   |  |   |
| 53 STREET ADDRESS                                     |  |   |
| 54 CITY - ST - ZIP                                    |  |   |
| 61 TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME   |  |   |
| 63 STREET ADDRESS                                     |  |   |
| 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Russell A. Sutcliffe 6-17-96 941-925-5860  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Display Phone: \_\_\_\_\_

CR2E034 (3/96)