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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 JAN 26 PM 4:23

DOCUMENT # 672609 (5)

1. Corporation Name

SOUTHEAST ENERGY MANAGEMENT CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 8709 SAN JOSE BLVD.<br>P O BOX 23734<br>JACKSONVILLE FL 32217<br>US | P.O. BOX 23734<br>P O BOX 23734<br>JACKSONVILLE FL 32241<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/06/1980
3a. Date of Last Report: 01/25/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 8789 San Jose Blvd. | 26 P.O. Box 23734 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 Jacksonville, FL | 28 Jacksonville, FL |
| 24 Zip 32217 / 25 Country | 29 Zip 32241 / 30 Country |

4. FEI Number: 59-2117140 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| PHILLIPS, ROBERT<br>3916 BARCELONA AVE<br>JACKSONVILLE FL 32207 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

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 | PV | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | PHILLIPS, ROBERT | 1.2 NAME | |
| STREET ADDRESS | 3916 BARCELONA AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 1.4 CITY-ST-ZIP | |
| TITLE | STD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | PHILLIPS, ROBERT | 2.2 NAME | |
| STREET ADDRESS | 3916 BARCELONA AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(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: Robert G. Phillips 1/17/95 904 7376706
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0024077 CP