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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name 842659 (5)

SOUTHEASTERN PARTNERS, INCORPORATED

Principal Place of Business	Mailing Address
P O BOX 160306 MOBILE AL 36616	P O BOX 160306 MOBILE AL 36616
2 Principal Place of Business	2a. Mailing Address

ţ	(2)
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MOBILE AL		MOBILE AL 36616						
MODILL PL OVIV					3. Date incorporated or Qualified 02/23/1979		of Last Report 05/01/1995	
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Â	pplied For
<u> </u>		26			63-0768412			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	e	City & State			6. Election Campaign Financing	(-)		May Be
3	-	28			Trust Fund Contribution		$\overline{}$	to Fees
7ip	Country	Zip	Count	ry	8. This corporation has liability for		nder s	199.032,
4	25	29	30		Horida Statutes Yes 10. Name and Address of New F	⋈ No		
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New P	registered Agr		· · · · · ·
			8	1 Name				
DICKS	ON, MAX L.		8	2 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)		
7200 N SUITE	N 9TH AVE		8	3				
	COLA FL 32504		8	Gity		FL	85 Zr	Code
11 Pursuant	to the provisions of Sections 607.0502 fred agent, or both, in the State of Floric	and 607.1508, Florida Statu	ites, the above	named corpor	ation submits this statement for the pu	rpose of chang	ing its n	egistered offic
or registe	ered agent, or both, in the State of Floric rith, and accept the obligations of, Secti	ta. Such change was authori on 607,0505. Elorida Statute	ized by the co is.	rporation's boar	rd of directors. Thereby accept the app	iointment as reg	gisterea	agent, raut
	nut, and accept the congadent of, socia							
SIGNATURE	Signature, typed or printed name of registered ager t			gert syndre reque	ADDITIONS/CHANGES TO OFF	TATE	DECTO	BS IN 12
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF		Change	Addition
TI'UF	V	DELETE	1.1 10				o na igi	
NAMÉ	DICKSON, MAX L.		1,2 NAA					
STREET ADDRESS				EET ADDRESS				
011Y - S1 - ZIP	MOBILE AL	DELETE	2 1 Til	· S! - 7//			Change	Addition
11°LE	PD	Deteit	2 2 NAM				·	
NAME	SAINT, JOHN B.			EET ADDRESS				
STHELT ADDRESS	1							
CITY-ST-ZIP	MOBILE AL	DELETE	3 1 1 1	(- <u>\$1-7</u> 10			Change	Addition
TILE	S NECOL DALIL C		3 2 NAM					
NAME	WESCH, PAUL C. 851 BELTLINE HWY., S.		•	REET ADDRESS				
STREET ADDRESS	MOBILE AL			Y-S1-7/F				
CITY-ST-ZIP	MUDILC AL	DELETE	4 1 1/1				Change	Add tion
THE	ISHEE, WILLIAM H.	□ *** ***	4.2 NA	i				
NAME STREET ADDRESS				EET ADDRESS				
	MOBILE AL		l l	Y - ST - ZHP				
CHY-ST-ZP 11'LF	VD VD	☐ DELFTE	5 1 11				Change	☐ Addition
NAME	STEFAN, CHESTER J.		521A	vt				
STREET ADDRESS			5.3.51	REET ADDRESS				
OITY-ST-ZIP	MOBILE AL		5.4 CiT	Y-S1-78				
THE	D	DELETE	6 1 TI		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	KELLY JR, DONALD P		6.2 NA	Mi				
STHEET ADDRESS	MIT INIUL A		63 ST	REET ADDRESS				
	MODUE AL		6401	Y-51-ZIF				
UII 1 - 51 - 211'		with this fiting is voluntarily for		laca pal emalifi.	for the exemption stated in Section 1.1 rate and that my signature shall have the	9.07(3)(k), Florid	da Statu	ites 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 eight energy as in made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 adoress.

SIGNATURE:

3-24-96 (334)476-1200

SOUTHEASTERN PARTNERS, INCORPORATED F.E.I.# 63-0768412 OFFICERS & DIRECTORS

TITLE

NAME

COMPLETE BUSINESS ADDRESS

Vice President

Frederick E. Griffin

Magnolia Bank Tower, 9th Floor, 851 Beltline Hwy. S., Mobile, AL 36606

Asst. Secretary

Chester J. Stefan

Magnolia Bank Tower, 9th Floor, 851 Beltline Hwy. S., Mobile, AL 36606