

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 853261 (6)

1. Corporation Name

SOUTHERN ELECTRIC INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

900 ASHWOOD PARKWAY  
SUITE 500  
ATLANTA GA 30338  
US

900 ASHWOOD PARKWAY  
SUITE 500  
ATLANTA GA 30338  
US

3. Date incorporated or Qualified  
06/24/1982

3a. Date of Last Report  
05/01/1995

4. FEI Number

58-1448180

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TATE, WARREN E.  
500 BAYFRONT PKWY.  
PENSACOLA FL 32501

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

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 ☐ DELETE  
NAME P  
STREET ADDRESS THOMAS G. BOREN  
CITY-ST-ZIP 900 ASHWOOD PARKWAY, SUITE 500  
ATLANTA GA

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS HILL, RAYMOND D  
CITY-ST-ZIP 900 ASHWOOD PKWY, STE 500  
ATLANTA G

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS PERSHING, RICHARD J.  
CITY-ST-ZIP 900 ASHWOOD PARKWAY, SUITE 500  
ATLANTA GA

TITLE ☐ DELETE  
NAME VS  
STREET ADDRESS CHISHOLM, TOMMY  
CITY-ST-ZIP 64 PERIMETER CENTER E  
ATLANTA GA

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS BOWDEN, TRAVIS J.  
CITY-ST-ZIP 500 BAYFRONT PARKWAY  
PENSACOLA FL

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS OLSONI, KARL E  
CITY-ST-ZIP 900 ASHWOOD PKWY, STE 500  
ATLANTA GA

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/17/96

Date

Daytime Phone #

CR2E034 (12/95)