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 # **F18512** **(6)**

1. Corporation Name

SOUTHERN ENGINEERING & AUTOMATION, INC.

Principal Place of Business
1166 KAPP DR
CLEARWATER FL 34625
US

Mailing Address
1166 KAPP DR
CLEARWATER FL 34625
US

3. Date Incorporated or Qualified: **02/05/1981**

3a. Date of Last Report: **01/24/1995**

2. Principal Place of Business
21 Street Apt. #, etc.
22
City, & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City, & State
28
Zip 29 Country 30

4. FEI Number: **59-2061791** 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

LOGAN, FRANK C
1 N OSCEOLA AVE
CLEARWATER FL

10. Name and Address of New Registered Agent

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 Section 607.0505 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

12. OFFICERS AND DIRECTORS

TYPE **VS** ☐ DELETE
NAME **MACGREGOR, DUNCAN S**
STREET ADDRESS **1988 MACGREGOR RD**
CITY, ST, ZIP **TARPON SPRINGS FL**

TYPE **PT** ☐ DELETE
NAME **MACGREGOR, DUNCAN T**
STREET ADDRESS **1555 EASTLAKE DR**
CITY, ST, ZIP **TARPON SPRINGS FL**

TYPE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TYPE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TYPE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TYPE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY

1.1 TYPE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TYPE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TYPE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TYPE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TYPE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TYPE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing, when filing, 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 attached sheet with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
D. Travis Mac Gregor President

Date: **1-19-96**

Daytime Phone: **813-446-1922**

CR2E034 (12/95)