FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F28425** **(9)**

1. Corporation Name
SOUTHEAST ENTERPRISE GROUP, INC.

Principal Place of Business	Mailing Address
8431 NEW KINGS ROAD JACKSONVILLE FL 32219	8431 NEW KINGS ROAD JACKSONVILLE FL 32219

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/03/1981
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2074682 ☐ 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

ISAAC, FRED C.
2468 ATLANTIC BLVD .
JACKSONVILLE FL 32207

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 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	ST	1.1 TITLE	VP-Estimating	☐ Change ☒ Addition
NAME	REAVES, SHAWN C	1.2 NAME	Lorin L. Geiger	
STREET ADDRESS	P.O. BOX 128, NA	1.3 STREET ADDRESS	RT1, Box 1728	
CITY-ST-ZIP	CALLAHAN FL	1.4 CITY-ST-ZIP	Hilliard, Fl 32046	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	REAVES, JOHN J III	2.2 NAME		
STREET ADDRESS	P.O. BOX 128, NA	2.3 STREET ADDRESS		
CITY-ST-ZIP	CALLAHAN FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	REAVES, JOHN J. JR.	3.2 NAME		
STREET ADDRESS	8431 NEW KINGS RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE		☐ Change ☐ Addition
NAME	BENNETT, JUDSON B	4.2 NAME		
STREET ADDRESS	BOX 873	4.3 STREET ADDRESS		
CITY-ST-ZIP	CALLAHAN FL	4.4 CITY-ST-ZIP		
TITLE	VP	5.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, JEFFREY C	5.2 NAME		
STREET ADDRESS	RT. 16 BOX 1307	5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP		
TITLE	VP	6.1 TITLE		☐ Change ☐ Addition
NAME	BURNS, ANDREW	6.2 NAME		
STREET ADDRESS	RT. 3 BOX 1487-B	6.3 STREET ADDRESS		
CITY-ST-ZIP	CALLAHAN FL	6.4 CITY-ST-ZIP		

Delete

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 added on an attachment with an address.

SIGNATURE: _____ 4-19-95 904-765-4660
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John J. Reaves JR.

CP