

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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**

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

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

**04/03/1981**

3a. Date of Last Report

**04/25/1995**

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

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	REAVES, SHAWN C	
STREET ADDRESS	P.O. BOX 128, NA	
CITY- ST- ZIP	CALLAHAN FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	REAVES, JOHN J III	
STREET ADDRESS	P.O. BOX 128, NA	
CITY- ST- ZIP	CALLAHAN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REAVES, JOHN J. JR.	
STREET ADDRESS	8431 NEW KINGS RD	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BENNETT, JUDSON B	
STREET ADDRESS	BOX 873	
CITY- ST- ZIP	CALLAHAN FL	
TITLE	VPE	<input type="checkbox"/> DELETE
NAME	GEIGER, LORIN L	
STREET ADDRESS	RT 1 BOX 172B	
CITY- ST- ZIP	HILLIARD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BURNS, ANDREW	
STREET ADDRESS	RT. 3 BOX 1487-B	
CITY- ST- ZIP	CALLAHAN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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, unchanged or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96 904 7654660  
Daytime Phone #

CR2E034 (12/95)