

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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **F84637** (0)

1. Corporation Name
S & E CONTRACTORS, INC.



Principal Place of Business: **3801 118TH AVE NORTH CLEARWATER FL 34622**
Mailing Address: **P.O. BOX 17249 CLEARWATER FL 32622-0249**

3. Date Incorporated or Qualified: **06/09/1982**
3a. Date of Last Report: **05/12/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 11125 49th St NORTH	26 Suite, Apt. #, etc.	59-2192459	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 CLEARWATER, FL	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 34622	29 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPOFFORD, GEORGE E IV C/O S&E CONTRACTORS, INC. 3801 118TH AVE NORTH CLEARWATER FL 34622	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11125 49th STREET NORTH 83 84 City CLEARWATER, FL 85 Zip Code 34622

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DTP <input type="checkbox"/> DELETE	1.1 TITLE	DTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDERS, DOUG L	1.2 NAME	
STREET ADDRESS	2452 CHANNING CIR	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34624	1.4 CITY - ST - ZIP	
TITLE	EV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOFFORD, GEORGE E.	2.2 NAME	
STREET ADDRESS	709 S. WILLOW AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33606	2.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, CAROL	3.2 NAME	
STREET ADDRESS	1103 VIKING DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOLIDAY FL 34691	3.4 CITY - ST - ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYTS, ANDY J.	4.2 NAME	
STREET ADDRESS	2873 ORANGE GROVE WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL 34684	4.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE A. MCINTOSH	5.2 NAME	
STREET ADDRESS	855 ORANGEWOOD	5.3 STREET ADDRESS	
CITY - ST - ZIP	OVIEDO FL 32765	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	P. DEAN AKERS
STREET ADDRESS		6.3 STREET ADDRESS	11125 49th ST. NORTH
CITY - ST - ZIP		6.4 CITY - ST - ZIP	CLEARWATER, FL 34622

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 its 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 by an attachment with an address.

SIGNATURE: _____ DATE: **4-22-96** (813) 572 7787

CR2E034 (12/95)