## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DOCUMENT # F95000001612 (9)

Secretary of State

**FILED** 

Mar 11 1998 8:00am

1. Corporatio	N SOUTHEAST, INC.	J001612 ( <del>9</del> )			
Principal Place of Business		Mailing Address			
PO BOX 8718 ALEXANDRIA LA 71306		PO BOX 8718 ALEXANDRIA LA 71306		1	
PROCESSION	EA 11000	ACCUMPANT OF THE		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified 04/03/1995	
	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		72-0590032	Not Applicable
Suite, Apt.	#, OLC	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State	е	Crty & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
	UE, ROB		81 Name		
221 MCKENZIE AVE.			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
PA	NAMA CITY FL 32402		83		
			03		
			84 City		85 Zip Code
11 Pursuant	to the provisions of Soctions 607 050	2 and 607.1508. Florida Statute	s. the above-named core		
office or r	egistered agent, or both, in the State	of Horida, Such change was au	thorized by the corporat	poration submits this statement for the purposion's board of directors. I hereby accept the a	appointment as registered
_	in ramiliar with and accept the oring	michis et, ex coort 607.0000, tilot	ioa Statutes.		
SIGNATURE	Signature, typed or punied name of repistered age	or and title diapplicable. (NOTE	Registered Agent signature requir	red when reinstaling) OAT	Ε
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	C AYRES, J.R.	DETLIE	1.1 THILE		Change Addition
NAME	1107 GREENBRIAR		1.2 NAME		
STREET ADDRESS	ALEXANDRIA LA 71301		1.3 STREET ADDRESS		
CITY-ST-ZIP	CP	DELETE	1.4 C(TY-ST-ZIP 2 ) TITLE		Change Addition
NAME	AYRES, STEVE		22 NAME		
STREET ADDRESS	1104 THORNTON ST.		2 3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA LA 71301		2.4 City-ST-ZiP		,
TITLE	D	DELETE	31 TITLE		Change Addition
NAME	AYRES, JO ANNE		3.2 NAME		
STREET ADDRESS	1600 HARRIS ST.		3.3 STREET ADDRESS		
CHTY-ST-ZIP	ALEXANDRIA LA 71301		3.4. CITY - ST - ZIP		
TITLE	0	☐ DELETE	4.1 TITLE		Change Addition
NAME	HILLEKE, LAURA		4. 2 NAME		
STREET ADDRESS	5008 PHEASANT RUN		4.3 STREET ADDRESS		·
CITY-ST-ZIP	ALEXANDRIA LA 71301	T officer	4.4 CITY-ST-ZIP		Change Salating
TITLE	ST HILLEKE, JAMES	DELETE	5.1 TITLE		Change Addition
NAME	5008 PHEASANT RUN		5.2 NAME		
STREET ADDRESS	ALEXANDRIA LA 71301		5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	, LLWIDING LA (100)	DELETE	54 CITY-ST-ZIP 61 TITLE		Change Addition
		[ ] pettie	62 NAME		
NAME STREET ADDRESS			6.3 STREET ADDRESS		
PLUCE I MUDIL 92	1		9.5 GINEET ADDRESS		

14. I hereby certify that the information supplied with this filing 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 suppliemental 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 trusted 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 attachment with an address.

SIGNATURE: J. R. AYRES

Maym

2-16-98 318-445-5486