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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000006261 (0)

SOUTHERN ERECTORS OF P.A., INC.

## **FILED** Jan 28 1998 8:00am Secretary of State



Principal Place	e of Business	Ma	ailing Address				1			
PO BOX 549 PO BOX 549										
AVELLA PA 15312 AVELLA PA 15312										
							DO NOT WRI		SPACE	
							3. Date Incorporated or Qualifier	d		=
							12/26/1995			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number			Applied For
21			26				23-2817017			Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22			7				3. Commedie of States Desired		Fee	Required
City & State			City & State				6. Election Campaign Financing		\$5.0	<b>0</b> мау Ве
23			28				Trust Fund Contribution		Adde	d to Fees
Zìp	Country	<u> </u>	Zip	Counti	ry		8. This corporation owes or has	paid the cu	rrent year !	ntangible
24	25	29		30			Personal Property Tax due Ju		☐ Yes	□ No
	<ol><li>Name and Address of Cu</li></ol>	rrent Regist	ered Agent				10. Name and Address of New I	Registered	Agent	
SW	eder, John			8	1	Name				
1782 W. VIRGINIA DR.					+					
KISSIMMEE FL 34744			82 Street Ac			Street Addres	ss (P.O. Box Number is Not Accept	able}		
140	OHNINEE I E OTT TI			83	3					
				-						
				84	4 (	City		<b>—</b> 1	85 Zir	o Code
dd Diwaranth	the provisions of Continue CO7	0500 00	7.4500 51-4-4-04-4	10 10 1				FL	لــــ	
office or re	egistered agent, or both, in the S	tate of Florid	ir. 1508, Florida Statu la. Such chande was	ites, the abov authorized b	ve-r ov ti	namea corpoi he corporatio	ration submits this statement for the n's board of directors. I hereby acc	e purpose of the ani	ot changing pointment a	its registered
agent. I ar	m familiar with, and accept the o	bligations of,	Section 607.0505, F	lorida Statute	38.					
SIGNATURE										
	Signature, typed or printed name of registers	-			gont :	signature required		DATE		
12.		AND DIREC		13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	PT CORDON ISSUED		☐ DELETE	1.1 TITLE					L Change	Addition
NAME	GORDON, JEFFREY S			1.2 NAME						į
STREET ADDRESS	5624 AIKEN RD.			1.3 STREE	T AD	DRESS				
CITY-ST-ZIP	MCKEES ROCKS PA 1513	6		1,4 CITY-	ST-Z	ZIP				
TITLE	S		☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME	Gordon, James F Jr			2.2 NAME						1
STREET ADDRESS	5 SUNNYCREST			2.3 STREE	T AD	ORESS				
CITY-ST-ZIP	CECIL PA 15321			2. 4 CITY-		7IP				İ
TITLE			DELETE	3.1 TITLE					Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE		indice				}
1										
CITY-ST-ZIP TITLE			DELETE	3.4. CITY- 4.1 TITLE	SI-	LIP"			Change	Addition
[			purit						onange	L.J ADUIIUII }
NAME				4, 2 NAME		Ì				
STREET AODRESS				4.3 STREE	T AD	DRESS				
CITY-ST-ZIP				4.4 CITY-	ST-Z	ZIP				
TITLE			DELETE	5.1 TITLE					Li Change	Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	T ADI	ORESS				
CITY - ST - ZIP				5.4 CITY-	ST-Z	ZIP ]				
TITLE			DELETE	6.1 TITLE					Change	Addition
NAME				6.2 NAME					•	
STREET ADDRESS				6.3 STREE		DRESS				ŧ
CITY-ST-ZIP				6.4 CITY-						
WILL OF CHI				■ U.4 Uil [ - i	J 6					I

14. I hereby certify that the information supplied with this filling 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 attachment with an address.