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

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # F9600000151 (8)

SOUTHERN ENVIRONMENTAL ASSOCIATES INC.

Principal Place of Business Mailing Address
111 MOCKINGBIRD LANE 111 MOCKING

FILED Jan 20 1998 8:00am Secretary of State



111 MOCKINGBIRD LANE MARATHON FL 33050		111 MOCKINGBIRD LANE MARATHON FL 33050				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 01/09/1996			
2. Principal Place o	f Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				65-0566511		Not Applicable	
Sulte, Apt. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional	
22		27				G. Commodito of Glattis Dosingo	Fee	Required	
City & State		City & State				Election Campaign Financing	\$5.0	00 May Be	
23	····	28				Trust Fund Contribution	Add	ed to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the c			
24	25	29	30	,		Personal Property Tax due June 30.	Yes	No	
	Name and Address of Curren	t Registered Agent		8.4		10. Name and Address of New Registered	J Agent		
	N, OSWALD JR.		ĺ	81	Name				
111 MOCKINGBIRD LANE				82 Street A		dress (P.O. Box Number is Not Acceptable)			
MARA	THON FL 3 30 50								
				83					
				84	City		85 2	ip Code	
					1	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	L '	•	
12.	re, typeo or printed name of topisfered ago OFFICEDS AN	DIRECTORS	13.	a Age	пі мідпасого геоф	ired when reinstating) ATE ADDITIONS/CHANGES TO OFFICERS AN			
						ADDITIONS/CHANGES TO OFFICERS AN			
	CP	☐ DELETE					☐ Chang	ge 🔲 Addition	
1 .	WILSON, OSWALD JR.		1.2 N/						
	111 MOCKINGBIRD LANE				ADDRESS				
	MARATHON FL 33050	DESETE	1.4 CI		{-ZIP		- Ober	no diaden.	
TITLE		☐ DELETE					☐ Chang	ge 🔲 Addition	
NAME			2.2 N/						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE			ST - ZIP	<u> </u>	Char	an Address	
TITLE		☐ DELETE					∐ Chang	ge 🔲 Addition	
NAME		,	3.2 N/						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE			ST-ZIP		T 01	. I same	
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NAME			4. 2 N						
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CITY-ST-ZIP		——————————————————————————————————————	4.4 CI		r-ZIP				
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STREET ADDRESS			5.3 \$1	REET	ADDRESS				
CITY-ST-ZIP			5.4 CI		r-ZIP				
TITLE		☐ DELETE	6.1 TIT	TLE			☐ Chang	ge 🔲 Addition	
NAME			6.2 NA	ME					

6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. Thereby 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 supplemental annual report; so 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 of the 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 attashment with an address.