

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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F9600000302 (7)

1. Corporation Name
SOUTHEASTERN FACILITY MANAGEMENT, INC.



Principal Place of Business P.O. BOX 8827 MUSCOGEE COUNTY GA 31908-8827	Mailing Address P.O. BOX 8827 MUSCOGEE COUNTY GA 31908-8827
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3. Date Incorporated or Qualified 01/17/1996	3a. Date of Last Report
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country	26. FEI Number 58-1699279	Applied For Not Applicable
23. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
24. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
25. 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCDT	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS, MATTHEW		1.2 NAME LEWIS, MATTHEW	
STREET ADDRESS 8801 GATEWAY ROAD		1.3 STREET ADDRESS 6061 GATEWAY ROAD	
CITY- ST- ZIP COLUMBUS GA		1.4 CITY- ST- ZIP COLUMBUS, GA 31909	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS, DIANNA		2.2 NAME LEWIS, DIANNE	
STREET ADDRESS 8801 GATEWAY ROAD		2.3 STREET ADDRESS 6061 GATEWAY ROAD	
CITY- ST- ZIP COLUMBUS GA		2.4 CITY- ST- ZIP COLUMBUS, GA 31909	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, WILLIE		3.2 NAME DAVIS, WILLIE	
STREET ADDRESS 8801 GATEWAY ROAD		3.3 STREET ADDRESS 6061 GATEWAY ROAD	
CITY- ST- ZIP COLUMBUS GA		3.4 CITY- ST- ZIP COLUMBUS, GA 31909	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 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.

SIGNATURE: Matthew Lewis **MATTHEW LEWIS** 4/18/97 (706) 563-9978
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)