

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

FILED

May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G04828

(1)

1. Corporation Name

SOUTH EASTERN COPIERS, INC.

Principal Place of Business

2275 SE 58TH AVE (32671-5839)  
PO BOX 5370  
OCALA FL 34472  
US

Mailing Address

2275 SE 58TH AVE (32671-5839)  
PO BOX 5370  
OCALA FL 34478  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1982

4. FEI Number

59-2230928

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Ocala, FL

22 Suite, Apt. #, etc. 2275 SE 58TH AVE

23 City & State Ocala Florida

24 Zip 34471

25 Country USA

2a. Mailing Address

26 PO Box 5370

27 Suite, Apt. #, etc. Ocala

28 City & State Ocala Florida

29 Zip 34478

30 Country USA

9. Name and Address of Current Registered Agent

TURNER, JAMES P.  
2275 S.E. 58TH AVE  
P.O. BOX 5370  
OCALA FL 34478

10. Name and Address of New Registered Agent

81 Name JOHN C CARTER, President

82 Street Address (P.O. Box Number is Not Acceptable) 8700 RIDGEWOOD AVE # PH-7A

83

84 City Cape Canaveral, FL

85 Zip Code 32920

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

Signature, or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P CARTER, JOHN C 2275 S.E. 58TH AVE. Ocala FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP TURNER, JAMES P. 2275 S.E. 58TH AVE. Ocala FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST CARTER, SUSAN 2275 S.E. 58TH AVE. Ocala FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

P JOHN C CARTER 8700 RIDGEWOOD AVE Ocala FL 32920

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

ST SUSAN CARTER 8700 RIDGEWOOD AVE # PH-7A Ocala FL 32920

☒ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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: JOHN C CARTER, President 4/8/98 1-407-783-1657

CR2E034 (10/97)