

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G23064 (0)
1. Corporation Name
SOUTHEAST TECHNICAL SALES, INC.



Principal Place of Business
3805 WILDERNESS BLVD E
PARRISH FL 34219

Mailing Address
3805 WILDERNESS BLVD E
PARRISH FL 34219

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 13150 ST. RD. 62		25 P.O. Box 829		02/08/1983		03/11/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 PARRISH, FL.		28 PARRISH, FL		59-2263587		Not Applicable	
24 34219		25 USA		5. Certificate of Status Desired		8.75 Additional Fee Required	
26		29		6. Election Campaign Financing		5.00 May Be Added to Fees	
27		30		Trust Fund Contribution		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
28		31		7. Yes		No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAILES, E. A.
3805 WILDERNESS BLVD E
PARRISH FL 34219

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	1.1 TITLE	PV
NAME	BAILES, E. A.	1.2 NAME	BAILES, E. A.
STREET ADDRESS	3805 WILDERNESS BLVD E	1.3 STREET ADDRESS	13150 ST. RD. 62
CITY-ST-ZIP	PARRISH FL 34219	1.4 CITY-ST-ZIP	PARRISH, FL 34219
TITLE	ST	2.1 TITLE	ST
NAME	BAILES, NETA FAYE	2.2 NAME	BAILES, NETA FAYE
STREET ADDRESS	3805 WILDERNESS BLVD E	2.3 STREET ADDRESS	13150 ST. RD. 62
CITY-ST-ZIP	PARRISH FL 34219	2.4 CITY-ST-ZIP	PARRISH, FL. 34219
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: E. A. BAILES

9/12/97

941-226-2464

CR2E034 (4/97)