

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY - 1 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H22169 (7)

1. Corporation Name

SOUTHEAST INTERSTATE SERVICES, INC.

Principal Place of Business

Mailing Address

% WALTER E. SMITH, JR.
8909 20TH STREET
VERO BEACH FL 32966-1711

% WALTER E. SMITH, JR.
8909 20TH STREET
VERO BEACH FL 32966-1711

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

09/21/1994

04/11/1994

4. FEI Number

Applied For

59-2452287

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, WALTER E., JR.
8909 20TH STREET
VERO BEACH FL 32960

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SMITH, WALTER E., JR.
STREET ADDRESS	8909 20TH ST.
CITY-ST-ZIP	VERO BEACH FL
TITLE	VP
NAME	SMITH, SAMUEL
STREET ADDRESS	4555 FOURTH STREET
CITY-ST-ZIP	VERO BEACH FL
TITLE	VT
NAME	MEDLOCK, JAMES
STREET ADDRESS	5860 34TH LANE
CITY-ST-ZIP	VERO BEACH FL
TITLE	VP
NAME	SCHUH, WILLIAM B
STREET ADDRESS	640 N. CENTRE CT. S.W #101
CITY-ST-ZIP	VERO BEACH FL
TITLE	S
NAME	FERNANDEZ, THERESA
STREET ADDRESS	2285 CRIPPEN CT. #36
CITY-ST-ZIP	W. MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP Smith, Samuel P.
2.3 STREET ADDRESS	5100 Deer Haven Ct.
2.4 CITY-ST-ZIP	Marianna, FL 32446
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V Fernandez, Theresa
5.3 STREET ADDRESS	1837 Thezy Dr
5.4 CITY-ST-ZIP	Melbourne, FL 32940
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 appropriate), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

Title

Expiration Date