

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 APR 14 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H28157 (6)

1. Corporation Name

SOUTHEASTERN REPLACEMENT SERVICE, INC.

Principal Place of Business

**6407 HEREFORD DR.
LAKELAND FL 33809**

Mailing Address

**6407 HEREFORD DR.
LAKELAND FL 33809**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/01/1984

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2467253

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MARTIN, MICHAEL D.
200 LAKE MORTON DR.
LAKELAND FL 33801**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTIN, E. SNOW, JR.
STREET ADDRESS	200 LAKE MORTON DR.
CITY - ST - ZIP	LAKELAND FL
TITLE	D
NAME	MARTIN, MICHAEL D.
STREET ADDRESS	200 LAKE MORTON DR.
CITY - ST - ZIP	LAKELAND FL
TITLE	ST
NAME	ELLISON, DIANE
STREET ADDRESS	6407 HEREFORD DR.
CITY - ST - ZIP	LAKELAND FL
TITLE	P
NAME	ELLISON, LEONARD
STREET ADDRESS	6407 HEREFORD DR.
CITY - ST - ZIP	LAKELAND FL
TITLE	D
NAME	RICHARDSON, TULA
STREET ADDRESS	200 LAKE MORTON DR.
CITY - ST - ZIP	LAKELAND FL
TITLE	V
NAME	STUMPF, JAMES B.
STREET ADDRESS	2108 JONATHAN LANE
CITY - ST - ZIP	WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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)(b), 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: Diane Ellison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-95

DATE

800-835-0044

TELEPHONE #