

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

FILED
May 16 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 # 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 33810-6214

3. Date Incorporated or Qualified
11/01/1984

3a. Date of Last Report
03/07/1996

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-2467253

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired
\$8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees

Zip
24

Country
25

Zip
29

Country
30

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

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D TAYLOR, A. KENNETH 2204 JOHN ARTHUR WAY LAKELAND FL	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ST ELLISON, DIANE 6407 HEREFORD DR. LAKELAND FL	1.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	P ELLISON, LEONARD 6407 HEREFORD DR. LAKELAND FL	1.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	V STUMPF, JAMES B. 2108 JONATHAN LANE WINTER HAVEN FL	1.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	DELETED	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DELETED	2.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	DELETED	2.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	DELETED	2.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	DELETED	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DELETED	3.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	DELETED	3.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	DELETED	3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	DELETED	4.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	DELETED	4.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	DELETED	4.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	DELETED	4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	DELETED	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DELETED	5.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	DELETED	5.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	DELETED	5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	DELETED	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DELETED	6.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	DELETED	6.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	DELETED	6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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: *[Signature]* REQUIRED
5/9/97 941-853-1530
Date Daytime Phone

CR2E034 (9/96)