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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 6:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H76428

(2)

1. Corporation Name

SOUTHEAST UTILITIES, INC.

Principal Place of Business

**174 B SEMORAN COMMERCE PLACE SUITE 123
APOPKA FL 32703**

Mailing Address

**174 B SEMORAN COMMERCE PLACE SUITE 123
APOPKA FL 32703**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/17/1985

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 174A Semoran Commerce Pl.

2a. Mailing Address

26 174A Semoran Commerce Pl.

4. FEI Number

59-2597825

Applied For

Not Applicable

Suite, Apt. #, etc.

22 104

Suite, Apt. #, etc.

27 104

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 Apopka, FL

City & State

28 Apopka, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 32703

Country

25 Orange

Zip

29 32703

Country

30 Orange

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**POST, RICHARD W.
203 CHURCHILL DR.
LONGWOOD FL 32779**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
POST, RICHARD W.
203 CHURCHILL DR.
LONGWOOD FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**ST
POST, MARGARET E.
203 CHURCHILL DR.
LONGWOOD FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ 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

☐ 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 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 changed, or on an attachment with an address.

SIGNATURE: Margaret E. Post

(Signature and typed or printed name of signing officer or director)

4/14/95

Date

407-889-9755

(Signature) Phone #