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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 1:46

DOCUMENT # **J00065** **(9)**

1. Corporation Name
SOUTHEASTERN MANUFACTURING CO., INC. **MAIL**

Principal Place of Business	Mailing Address
C/O BARBARA RUSE 1904 N.E. 6TH AVENUE P.O. BOX 1899 OCALA FL 32678-8899	C/O BARBARA RUSE 1904 N.E. 6TH AVENUE P.O. BOX 1899 OCALA FL 32678-8899

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/19/1906
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business
21 No.1 Leggett Road
22 Suite, Apt. #, etc.
23 City & State: Carthage Mo
24 Zip: 64836 25 Country:

2a. Mailing Address
26 No.1 Leggett Road
27 Suite, Apt. #, etc.
28 City & State: Carthage MO
29 Zip: 64836 30 Country:

4. FEI Number: 59-3010355 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	P ☒ Change ☐ Addition
NAME	LEWIS, CARROLL E.	1.2 NAME	Lewis, Carroll E.
STREET ADDRESS	1904 N.E. 6TH AVENUE	1.3 STREET ADDRESS	1904 N.E. 6th Avenue
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala, FL
TITLE	VSTD	2.1 TITLE	V ☒ Change ☐ Addition
NAME	RUSE, BARBARA P.	2.2 NAME	Rush, Barbara P
STREET ADDRESS	1904 N.E. 6TH AVENUE	2.3 STREET ADDRESS	1904 N.E. 6th Avenue
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala, FL
TITLE	VD	3.1 TITLE	V ☒ Change ☐ Addition
NAME	BLAKENSHIP, JAMES D	3.2 NAME	Purser, Kenneth W.
STREET ADDRESS	1904 N.E. 4TH AVENUE	3.3 STREET ADDRESS	2801 Winfield
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	Joplin, MO 64804
TITLE	D	4.1 TITLE	VSD ☒ Change ☐ Addition
NAME	SINGBUSH, RALPH	4.2 NAME	Jett, Ernest C
STREET ADDRESS	1904 NE 6TH AVE	4.3 STREET ADDRESS	4702 Jackson
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	Joplin, MO 64804
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and 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: Kenneth W. Purser 3/31/95 417-358-8/31
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #