

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J00065 (9)

1. Corporation Name

SOUTHEASTERN MANUFACTURING CO., INC.

MAIL



Principal Place of Business

Mailing Address

NO 1 LEGGETT RD
1904 N.E. 6TH AVENUE P.O. BOX 1899
CARTHAGE MO 64836
US

NO 1 LEGGETT RD
1904 N.E. 6TH AVENUE P.O. BOX 1899
CARTHAGE MO 64836
US

2. Principal Place of Business

2a. Mailing Address

21 1904 NE 6th Avenue

26 No. 1 Leggett Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 P O Box 757
28 Carthage, MO

23 Ocala, FL

City & State

Zip Country

Zip Country

24 34470

25 USA

29 64836

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/19/1986

3a. Date of Last Report

04/05/1995

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

10. Name and Address of New Registered Agent

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

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 of officer or director authorized to register or change of registered office or agent

Signature of Registered Agent (Signature required when changing of Reg.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME LEWIS, CARROL E
STREET ADDRESS 1904 N.E. 6TH AVE
CITY-ST-ZIP OCALA FL

TITLE ☐ DELETE

V
NAME RUSH, BARBARA P
STREET ADDRESS 1904 N.E. 6TH AVE
CITY-ST-ZIP OCALA FL

TITLE ☐ DELETE

V
NAME PURSER, KENNETH W
STREET ADDRESS 2801 WINFIELD
CITY-ST-ZIP JOPLIN MO

TITLE ☐ DELETE

VSD
NAME JETT, EARNEST C
STREET ADDRESS 4702 JACKSON,
CITY-ST-ZIP JOPLIN MO

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

V

Barbara P. Ruse
1904 NE 6th Ave
Ocala FL 34470

T

Susan S. Higdon
2102 Brooke Court
Joplin, MO 64804

V/AS

Michael A. Glauber
No. 1 Leggett Road
Carthage, MO 64836

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth W. Purser

Date

(417) 358-8131

Digitally Signed

CR2E034 (12/95)