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FILED

May 02 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 # J00065 (9)

1. Corporation Name  
SOUTHEASTERN MANUFACTURING CO., INC.

MAIL



Principal Place of Business

1804 NE 6TH AVE  
1804 N.E. 6TH AVENUE P.O. BOX 1899  
OCALA FL 34470  
US

Mailing Address

NO 1 LEGGETT RD  
PO BOX 757  
CARTHAGE MO 64836-0757  
US

3. Date Incorporated or Qualified

02/19/1986

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LEWIS, CARROL E	
STREET ADDRESS	1904 N.E. 6TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RUSE, BARBARA P	
STREET ADDRESS	1904 N.E. 6TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PURSER, KENNETH W	
STREET ADDRESS	2801 WINFELD	
CITY-ST-ZIP	JOPLIN MO	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	JETT, EARNEST C	
STREET ADDRESS	4702 JACKSON,	
CITY-ST-ZIP	JOPLIN MO	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HIGDON, SUSAN S	
STREET ADDRESS	2102 BROOKE CT.	
CITY-ST-ZIP	JOPLIN MO	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	GLAUBER, MICHAEL A	
STREET ADDRESS	NO. 1 LEGGETT RD.	
CITY-ST-ZIP	CARTHAGE MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth W. Purser

4/22/97 (417)358-8131

Date Daytime Phone

CR2E034 (9/96)