

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # J23940 (6)**

1. Corporation Name

**SOUTHEAST REMANUFACTURER, INC.**



Principal Place of Business: **5632 US 27 SOUTH SEBRING FL 33870**  
 Mailing Address: **5632 US 27 SOUTH SEBRING FL 33870**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	07/15/1986	01/23/1995
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	59-2701941	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		<input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LUCKER, GERALD 5632 US 27 SOUTH SEBRING FL 33870				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	11	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LUCKER, GERALD A.		12	NAME			
STREET ADDRESS	5632 US 27 S		13	STREET ADDRESS			
CITY - ST - ZIP	SEBRING FL		14	CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE	21	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CARR, JAMES		22	NAME			
STREET ADDRESS	5632 US 27 S		23	STREET ADDRESS			
CITY - ST - ZIP	SEBRING FL		24	CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	31	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			32	NAME			
STREET ADDRESS			33	STREET ADDRESS			
CITY - ST - ZIP			34	CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	41	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			42	NAME			
STREET ADDRESS			43	STREET ADDRESS			
CITY - ST - ZIP			44	CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	51	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			52	NAME			
STREET ADDRESS			53	STREET ADDRESS			
CITY - ST - ZIP			54	CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	61	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			62	NAME			
STREET ADDRESS			63	STREET ADDRESS			
CITY - ST - ZIP			64	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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

**SIGNATURE:** *Gerald A. Lucker* **6-18-96** **941-385-8882**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)