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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J42222

(6)

SOUTHEASTERN GENERAL AND MECHANICAL CONTRACTORS,

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1160 MCKENZIE ROAD 1160 MCKENZIE ROAD **CANTONMENT FL 32533 CANTONMENT FL 32533** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/07/1986 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2739067 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WELLS, V. KEITH 118 WEST CERVANTES 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 83 84 City 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 fitte if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. __ DELETE Change Addition TITLE 1.1 TITLE GANEY, WILLIAM L, SR NAME 1.2 NAME 2499 ELNA ROAD STREET ADDRESS 1.3 STREET ADDRESS CANTONMENT FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition GANEY, WILLIAM L, SR NAME 2.2 NAME 2499 ELNA ROAD STREET ADDRESS 2.3 STREET ADDRESS **CANTONMENT FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 trusted 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 addyses.

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