

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 31 AM 10:03

DOCUMENT # J44087 (1)

1. Corporation Name

SOUTHEAST-ATLANTIC CORPORATION

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/25/1986

3a. Date of Last Report
02/25/1994

4. FEI Number
59-2741848

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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
DP
NAME
PAUL, ROBERT H. III
STREET ADDRESS
6001 BOWDENDALE AVENUE
CITY-ST-ZIP
JACKSONVILLE FL

TITLE
D
NAME
BENT, JAMES V.E.
STREET ADDRESS
1125 NORTH ELLIS ROAD
CITY-ST-ZIP
JACKSONVILLE FL

TITLE
D
NAME
SCHULTZ, FREDERICK H.
STREET ADDRESS
118 WEST ADAMS STREET
CITY-ST-ZIP
JACKSONVILLE FL

TITLE
DV
NAME
OWEN, HARRY C.
STREET ADDRESS
1910 MURPHY AVE SW
CITY-ST-ZIP
ATLANTA GA

TITLE
VP
NAME
CASH, THOMAS M
STREET ADDRESS
6001 BOWDENDALE AVE
CITY-ST-ZIP
JACKSONVILLE FL

TITLE
DS
NAME
LEE, LEWIS S.
STREET ADDRESS
200 WEST FORSYTH STREET
CITY-ST-ZIP
JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
See Attachment A for Additions

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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.

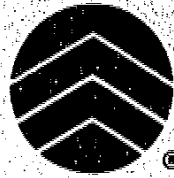
SIGNATURE:

T. M. Cash VP, Finance 1/25/94 904-739-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)



Southeast-Atlantic Corporation

ATTACHMENT A

Jim Lee - Vice President of Operations
6001 Bowdendale Avenue
Jacksonville, Florida 32216

Luke Fichthorn - Director
514 Hollow Tree Ridge Road
Darien, Connecticut 06820