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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

FILED

Secretary of State

Mar 19 1996 8:00 am

1996

DIVISION OF CORPORATIONS

J44087 **DOCUMENT #** Corporation Name

(1)

SOUTHEAST-ATLANTIC CORPORATION Principal Place of Business Mailing Address % C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 PLANTATION FL 33324 3. Date Incorporated or Qualified 3a. Date of Last Report 11/25/1986 01/31/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2741848 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 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Zip Country Country XX Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE ☐ Change 1. 1 TITLE D PAUL, ROBERT H. III NAME 1.2 NAME LUKE FICHTHORN **6001 BOWDENDALE AVENUE** STREET ADDRESS 1.3 STREET ADDRESS 514 HOLLOW TREE RIDGE ROAD JACKSONVILLE FL CITY-ST-ZIP 1.4 CHTY - ST - ZIP DARIEN, CT 06820 TITLE DELETE 2. 1 TITLE ☐ Change Addition BENT, JAMES V.E. NAME 2.2 NAME DANIEL K. JEFFORDS 1125 NORTH ELLIS ROAD STREET ADDRESS 2 3 STREET ADDRESS 6001 BOWDENDALE AVENUE JACKSONVILLE FL CITY-ST-ZIP 24 CITY-ST-ZIP JACKSOWILLE, FL. ☐ Change DELETE Addition TITLE 3 1 TITLE SCHULTZ, FREDERICK H. NAME 3.2 NAME 118 WEST ADAMS STREET STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4 CITY - ST - 7IP □ DELETE TITLE 4. 1 TITLE ☐ Change Addition OWEN, HARRY C. NAME 4.2 NAME 1910 MURPHY AVE SW STREET ADDRESS 4.3 STREET ADDRESS ATLANTA GA CITY-ST-2IP 4.4 CITY - ST - ZIP XXDELETE ☐ Change TITLE 5.1 TITLE ■ Addition CASH, THOMAS M NAME **5.2 NAME 6001 BOWDENDALE AVE** STREET ADDRESS 5.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 5.4 CITY - ST- ZIP DS DELETE TITLE ☐ Change ■ Addition 6. 1 TITLE LEE, LEWIS S. NAME 6.2 NAME 200 WEST FORSYTH STREET STREET ADDRESS 6.3 STREET ADDRESS

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 kigal 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

6.4 CITY - ST- ZIP

SIGNATURE:

CITY-ST-ZIP

JACKSONVILLE FL

Director of Finance 3/15/96

CR2E034 (12/95)