

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J62769 (1)

1. Corporation Name

SOUTHEAST CAPITAL DEVELOPERS, INC.



Principal Place of Business

P.O. BOX 429
ST. PETERSBURG FL 33731

Mailing Address

P.O. BOX 429
ST. PETERSBURG FL 33731

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

03/19/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2782142

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

IRWIN, IAN F.
222 2ND STREET NORTH
ST. PETERSBURG FL 33701

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 signatory agent and their address

(If the Registered Agent signature is required, attach here)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME IRWIN, IAN F.
STREET ADDRESS 222 2ND ST N
CITY - ST - ZIP ST. PETERSBURG FL ☐ DELETE

TITLE I
NAME IRWIN, IAN F.
STREET ADDRESS 222 2ND ST N
CITY - ST - ZIP ST. PETERSBURG FL ☐ DELETE

TITLE ASD
NAME IRWIN, INNES H.
STREET ADDRESS 222 2ND ST N
CITY - ST - ZIP ST. PETERSBURG FL ☐ DELETE

TITLE V
NAME BRETT, DAVID A.
STREET ADDRESS 222 2ND ST N
CITY - ST - ZIP ST. PETERSBURG FL ☐ DELETE

TITLE V
NAME JENKINS, DAVID A.
STREET ADDRESS 222 2ND ST N
CITY - ST - ZIP ST. PETERSBURG FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ian F Irwin, President

4/24/96 (813) 821-5178

CR2E034 (12/95)