SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 11 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J88792 (3)

1. Corporation Name
SOUTHEASTERN ATLANTIC CONSTRUCTORS, INC.

Principal Place of Business	Mailing Address
2845 STATE HIGHWAY 520 STE. 203 COCOA FL 32926 US	2845 STATE HIGHWAY 520 STE. 203 COCOA FL 32926 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/21/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2863675 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COX, GERALD M. 4109 FISHERMAN'S PLACE COCOA FL 32926	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	COX, MARGUERITE C.	1.2 NAME	COX, GERALD	
STREET ADDRESS	4109 FISHERMAN'S PLACE	1.3 STREET ADDRESS	4109 FISHERMANS PLACE	
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	COCOA FL	
TITLE	V	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	COX, GERALD	2.2 NAME	COX, MARGUERITE C.	
STREET ADDRESS	4109 FISHERMAN'S PL.	2.3 STREET ADDRESS	4109 FISHERMANS PLACE	
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	COCOA FL	
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	BARD, MARY ANN	3.2 NAME		
STREET ADDRESS	790 KARA CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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 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: G.M.C. GERALD M. COX, PRESIDENT JULY 7, 1995 407-632-1954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0138443 FP