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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # K07806 (8)

1. Corporation Name
SOUTHEASTERN FINANCIAL NETWORK, INC.

Principal Place of Business	Mailing Address
P O BOX 1527 WINTER HAVEN FL 33882 US	P O BOX 1527 WINTER HAVEN FL 33882 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 PO Box 36
Suite, Apt. #, etc. 22
City & State 23 Auburndale FL
Zip 24 33823 County 25 US

2a. Mailing Address
26 PO Box 36
Suite, Apt. #, etc. 27
City & State 28 Auburndale FL
Zip 29 33823 County 30 US

4. FEI Number: 59-2864079 ☐ 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

ROBERTS, DAVID C.
1525 AUBURN OAKS CIR
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

81 Name: DAVID C. ROBERTS
82 Street Address (P.O. Box Number is Not Acceptable): 108 WEST POLK STREET
83
84 City: AUBURNDALE FL 85 Zip Code: 33823

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, type or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	DPT ☐ Change ☐ Addition
NAME	ROBERTS, DAVID C.	12 NAME	DAVID C. ROBERTS
STREET ADDRESS	119 AVE D SE	13 STREET ADDRESS	108 WEST POLK STREET
CITY ST ZIP	WINTER HAVEN FL	14 CITY ST ZIP	AUBURNDALE FL 33823
TITLE	DVS	21 TITLE	DVS ☐ Change ☐ Addition
NAME	ROBERTS, DARLA G.	22 NAME	DARLA G. ROBERTS
STREET ADDRESS	119 AVE D SE	23 STREET ADDRESS	108 WEST POLK STREET
CITY ST ZIP	WINTER HAVEN FL	24 CITY ST ZIP	AUBURNDALE FL 33823
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: David C. Roberts pres. 5/8/95 813-967-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0448550 FP