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Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K11781** **(7)**

1. Corporation Name
SOUTH EAST GRASSING, INC.

Principal Place of Business
~~13754 E LEVY ST~~ Yes
~~PO BOX 220~~
WILLISTON FL 32696
US

Mailing Address of Co. Post Office Box 220
13754 E LEVY ST NO
WILLISTON FL 32696-8543
US

3. Date Incorporated or Qualified: 01/12/1988
3a. Date of Last Report: 02/29/1996

2. Principal Place of Business
21 Same As Above
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 P O Box 220
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-2863650 ☐ 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
WILSON, WILLIAM H.
13754 EAST LEVY ST
WILLISTON FL 32696

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 William A. Wilson (Form) 3-12-97
Signature, typed or printed name of registered agent and title, if applicable (DATE) (Form) (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, WILLIAM H.		1.2 NAME		
STREET ADDRESS	13754 E LEVY ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BILBERRY, LEE A.		2.2 NAME		
STREET ADDRESS	6850 SYLVAN RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BILBERRY, MICHAEL		3.2 NAME		
STREET ADDRESS	6850 SYLVAN ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		3.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JONES, RANDALL L.		4.2 NAME		
STREET ADDRESS	13750 E LEVY ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL		4.4 CITY-ST-ZIP		
TITLE	ATB	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JONES, REBECCA A		5.2 NAME		
STREET ADDRESS	13750 E LEVY ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL		5.4 CITY-ST-ZIP		
TITLE	ASB	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, MARTHA		6.2 NAME		
STREET ADDRESS	13754 E LEVY ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	WILISTON FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [illegible] Assistant Secty Board of Directors 3/12/97 352/528-2147