

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 13752 E LEVY ST PO BOX 220 WILLISTON FL 32696 US	Mailing Address P.O. BOX 220 WILLISTON FL 32696 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 SAME AS ABOVE Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 SAME AS ABOVE Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 01/12/1988	
4. FEI Number 59-2863650		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No N/A			

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 SAME
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 H. Wilson **4-29-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Correct D PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE Assistant V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILSON, WILLIAM H.		1.2 NAME Randall L. Jones, II	
STREET ADDRESS 13754 E LEVY ST		1.3 STREET ADDRESS 13750 E. Levy Street	
CITY-ST-ZIP WILLISTON FL		1.4 CITY-ST-ZIP Williston, FL 32696	
TITLE DVP	<input type="checkbox"/> DELETE	2.1 TITLE Assistant V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BILBERRY, LEE A.		2.2 NAME Wayne A. Winters	
STREET ADDRESS 6650 SYLVAN RD		2.3 STREET ADDRESS 13754 E. Levy Street	
CITY-ST-ZIP HOUSTON TX		2.4 CITY-ST-ZIP Williston, FL 32696	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BILBERRY, MICHAEL		3.2 NAME	
STREET ADDRESS 6650 SYLVAN ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP HOUSTON TX		3.4 CITY-ST-ZIP	
TITLE DST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILSON, MARTHA		6.2 NAME	
STREET ADDRESS 13754 E LEVY ST		6.3 STREET ADDRESS	
CITY-ST-ZIP WILLISTON FL		6.4 CITY-ST-ZIP	

14. I 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: William H. Wilson **4/29/98** **352/528-211**

CR2E034 (10/97)