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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K14422

(5)

SOUTHERN BUSINESS EQUIPMENT, INC.

Principal Place of Business

Mailing Address

FILED May 01 1998 8:00am Secretary of State



3003 NORTH EAST AVENUE PANAMA CITY FL 32405		3003 NORTH EAST AVENUE PANAMA CITY FL 32405				DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified 02/05/1988	OFAGE	
2. Principal Pi	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		oplied For
21		[26]				59-2872958		ot Applicable
Suite, Apt. (W, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & State		City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip 29	Zip Cour 30				Yes	tangible No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
LEE,GARY W.				31	Name			
3003 NORTH EAST AVENUE PANAMA CITY FL 32405				32	Street Addr	ress (P.O. Box Number is Not Acceptable)		
Travellet Office de 199			Ē	33			•	
			ε	34	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								
12,	Signature, typod or printed name of registered age		Registered A	Agen	i signature requi	red when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	OFFICERS AND DIRECTORS 13.			F		ADDITIONATION TO STATE THE TAX	Change	Addition
NAME	LEE, GARY W.		1.2 NAME				_ •	
STREET ADDRESS	3003 NORTH EAST AVENUE		1.3 STRI	EET A	NODRESS			
CITY-ST-ZIP	PANAMA CITY FL			1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE				Change	Addition
NAME			2.2 NAME					•
STREET ADDRESS			2.3 STRI	EET A	ADDRESS			
CITY-ST-ZIP		2.4 CIT	2.4 CITY-ST-ZIP					
TITLE	DELETE			3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS					ADDRESS			
CITY-ST-ZiP				Y-ST	I-ZIP		Change	Addition
TITLE		L. DELETE	4.1 TITL		1			
NAME		1	4. 2 NAM		ADDRESS			
STREET ADDRESS			4.4 CITY					
CITY-ST-ZIP TITLE	DELETE 5.11						Change	Addition
NAME			5.2 NAM				_	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			5.4 CITY					
TITLE				6.1 TITLE			Change	Addition
NAME			6.2 NAM	AE.				
STREET ADDRESS			6.3 STR	EET A	ADDRESS			
CITY-ST-ZIP			6.4 CITY	/- ST-	- ZIP	Continue 440 07/03(i) Elevido Ptot don Lifurbos o		

Thereby 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 informatio 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 changing, or on an attachment with an address.

SIGNATURE:

rank I has

4/14/98

858-163-5752