

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90008 011 ***558.75

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K16962

1. Corporation Name

SOUTHEASTERN ACCESS CONTROL, INC.

Principal Place of Business

% MILES L. LENHART
9800 REEVES RD
TAMPA FL 33619

Mailing Address

% MILES L. LENHART
9800 REEVES RD
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1988

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

NOT APPLICABLE

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 owes the current year
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

LENHART, MILES L.
9800 REEVES RD
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name

M. Scott Meckley

82 Street Address (P.O. Box Number is Not Acceptable)

9800 Reeves Rd

83

84 City

Tampa

FL

85 Zip Code

33619

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

M. Scott Meckley

9.13.99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **LENHART, MILES L.**
STREET ADDRESS **9800 REEVES RD**
CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☒ DELETE
NAME **SASSER, BILLY G.**
STREET ADDRESS **9800 REEVES RD.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Michael A. Augella**
1.3 STREET ADDRESS **9800 Reeves Rd.**
1.4 CITY-ST-ZIP **Tampa FL 33619**

2.1 TITLE **VP/CFO** ☒ Change ☐ Addition
2.2 NAME **M. Scott Meckley**
2.3 STREET ADDRESS **9800 Reeves Rd**
2.4 CITY-ST-ZIP **Tampa FL 33619**

3.1 TITLE **VP/Secretary** ☒ Change ☐ Addition
3.2 NAME **Joseph U. Schorer**
3.3 STREET ADDRESS **222 Church Street**
3.4 CITY-ST-ZIP **Woodstock IL 60098**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: **M. Scott Meckley**

9.13.99 813.624.3181

CR2E034 (5/99)