

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

**95 JUL 25 AM 10: 15**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K22147 (8)**

1. Corporation Name  
**SOUTHEAST DIVERSIFIED, INC.**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>04/28/1988</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2892877</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
* <b>KENNETH R. ZARRILLO SR 5085 FLORENTINE CT. SPRING HILL FL 34608</b>		* <b>KENNETH R. ZARRILLO SR 5085 FLORENTINE CT. SPRING HILL FL 34608</b>	
21. Principal Place of Business	2a. Mailing Address	22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State	24. Zip	29. Zip
25. Country	30. Country		

9. Name and Address of Current Registered Agent

**ZARRILLO, KENNETH R. SR  
5085 FLORENTINE CT  
SPRING HILL FL 34605**

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.	
B4. City	<b>FL</b>
B5. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (hand or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD ZARRILLO, KENNETH A. SR. 5085 FLORENTINE CT. SPRING HILL FL</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE	<b>STD ZARRILLO, JOANNE 5085 FLORENTINE CT. SPRING HILL FL</b>	21. TITLE	<b>VICE President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	<b>Joanne Zarrillo</b>
STREET ADDRESS		23. STREET ADDRESS	<b>5085 Florentine Ct.</b>
CITY, ST, ZIP		24. CITY, ST, ZIP	<b>Spring Hill, FL 34608</b>
TITLE		31. TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32. NAME	<b>Glen Fagan</b>
STREET ADDRESS		33. STREET ADDRESS	<b>300 S. Florida Ave # 500L</b>
CITY, ST, ZIP		34. CITY, ST, ZIP	<b>Tarpon Springs, FL 34689</b>
TITLE		41. TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	<b>Scott Kelly</b>
STREET ADDRESS		43. STREET ADDRESS	<b>11718 Enterprise</b>
CITY, ST, ZIP		44. CITY, ST, ZIP	<b>Fort Roney, FL 34668</b>
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I, the undersigned, 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)(a), 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: Joanne Zarrillo Date: 7/15/95 904 688 2920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)