FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 4:00

DOCUMENT # **K38932** **(5)**

1. Corporation Name
SOUTHEAST LANDCORP, INC.

Principal Place of Business	Mailing Address
C/O ROBERT G. HERPE ~~407 WEKIVA SPGP ROAD, SUITE 115~~ LONGWOOD FL 32779 US	C/O ROBERT G. HERPE ~~407 WEKIVA SPGP ROAD, SUITE 115~~ LONGWOOD FL 32779 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1988
3a. Date of Last Report: 07/11/1994

2. Principal Place of Business
21 407 Wekiva Spgs Rd.
Suite, Apt. #, etc.
22 #115
City & State
23 Longwood, Fl.
Zip 24 32779 Country 25 Seminole

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

4. FEI Number: 59-2914420 ☐ 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

HERPE, ROBERT G.
~~900 FOX VALLEY DRIVE, #207~~
~~SWEETWATER SQUARE~~
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 601 Sweetwater Club Cir.
83
84 City: Longwood FL 85 Zip Code: 32766

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, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when mandatory

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☑ Change ☐ Addition
NAME	HERPE, ROBERT G.	12 NAME		
STREET ADDRESS	~~900 FOX VALLEY DR. #207~~	13 STREET ADDRESS	601 Sweetwater Club Cir.	
CITY ST ZIP	LONGWOOD FL	14 CITY ST ZIP	Longwood, Fl. 32779	
TITLE	DVP	21 TITLE		☑ Change ☐ Addition
NAME	SACCO, JOSEPH J.	22 NAME		
STREET ADDRESS	~~900 FAX VALLEY DR. #200~~	23 STREET ADDRESS	219 Shadow Bay Blvd.	
CITY ST ZIP	LONGWOOD FL	24 CITY ST ZIP	Longwood, Fl. 32779	
TITLE	S	31 TITLE		☑ Change ☐ Addition
NAME	MANNING, SANDRA J.	32 NAME		
STREET ADDRESS	~~900 FOX VALLEY DRIVE 207~~	33 STREET ADDRESS	346 Center St.	
CITY ST ZIP	LONGWOOD FL	34 CITY ST ZIP	Chuluota, Fl. 32766	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	PASSAL, ROGER	42 NAME		
STREET ADDRESS	830 PATROL ROAD	43 STREET ADDRESS		
CITY ST ZIP	WOODSIDE CA	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 the 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: Sandra G. Manning, Sec'd 2/20/95 407-788-9391
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — DATE — Daytime Phone Number

0415094 FP