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Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K75166 (4)
 1. Corporation Name:
SOUTHEASTERN ENVIRONMENTAL AUDITS, INC.



Principal Place of Business: **8711 PERIMETER PARK BLVD SUITE 11 JACKSONVILLE FL 32216**
 Mailing Address: **8711 PERIMETER PARK BLVD SUITE 11 JACKSONVILLE FL 32216-6396**

3. Date Incorporated or Qualified: **03/24/1989** 3a. Date of Last Report: **04/23/1996**
 4. FEI Number: **59-2948605** 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

2. Principal Place of Business: **21 Same** 2a. Mailing Address: **26 Same**
 Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
 City & State: **23** City & State: **28**
 Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
HIEB, E. ALLEN, JR.
1301 GULF LIFE DR
STE 1500
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
 81 Name: _____
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	ROBINSON, I. RHODES, JR.
STREET ADDRESS	8711 PERIMETER PK BLD 11
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	ZYSKI, NANCY C.
STREET ADDRESS	8711 PERIMETER PK BLD 11
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	ROBINSON, SARAH S
STREET ADDRESS	8711 PERIMETER PARK BLVD, STE 11
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Executive Vice Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael L. Wilson
2.3 STREET ADDRESS	8711 Perimeter Park Blvd #11
2.4 CITY - ST - ZIP	Jacksonville, FL 32216
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 unchanged, or on an attached sheet with an address.

SIGNATURE: *Michael L. Wilson* **1/29/97** **(904) 645-9000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)