

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 8:49

DOCUMENT # **K99744** (0)

1. Corporation Name
SOUTHEASTERN FILTER SERVICE, INC.

Principal Place of Business	Mailing Address
% CHARLOTTE I. HUNTER 426 NW 2ND AVENUE OCALA FL 32670	% CHARLOTTE I. HUNTER 426 NW 2ND AVENUE OCALA FL 32670

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 333 Otter Lane		26 P.O. Box 3323		06/30/1989	02/03/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FBI Number	Applied For
23 City & State Lake City, FL		28 City & State Lake City, FL		59-2957481	Not Applicable
24 Zip 32055	25 Country Columbia	29 Zip 32056	30 Country Columbia	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HUNTER, CHARLOTTE I. 426 NW 2ND AVENUE OCALA FL 32670				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City		
				FL	B5	Zip Code 34475	

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 _____ (Signature, based on printed name of registered agent and filed if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, GRACE	1.2 NAME	
STREET ADDRESS	333 OTTER LN	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, ROGER	2.2 NAME	
STREET ADDRESS	333 OTTER LN	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	David W. Harrison
STREET ADDRESS		3.3 STREET ADDRESS	5609 N.W. 53rd Court
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Gainesville, FL 32653
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 attached sheet with an address.

SIGNATURE: Roger H. Goodwin Jr. 1-31-95 1-904-755-7846
DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR