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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L33455

(1)

SOUTHEAST LITHO, INC.

SIGNATURE:

Principal Place of Business Mailing Address P. O. BOX 618167 P. O. BOX 618167 ORLANDO FL 32861-8167 ORLANDO FL 32861-8167						I ROMIEN DES ENGO PUN ORAGI ANDE AND		MUUN WAWA WAEA	411H1 H41
						3. Date Incorporated or Qualified 11/28/1989		ate of Last F 26/1996	leport
2. Principal Pt	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	<u> </u>	A	pplied For
21	R	26		-,	· · ·	59-2987266			ot Applicable
Suite, Apt :		Suite, Apt. #, etc.			·	5. Certificate of Status Desired		Fee R	Additional equired
City & State	3	City & State				6. Election Campaign Financing	m		May Be
23 Ζιρ	Country	28 Z ₍₀	Zip Country			Trust Fund Contribution Added to Fees 8. This corporation has liability for integrable tay under a 190 023			
24	25	29	·····			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curre		. 1991	Ī	***************************************	10. Name and Address of New Re			
STO	UT, WILLIAM M.			81	Name				
	3 VINOLA PLACE			82	Street Add	Iress (P.O. Box Number is Not Accepta	ole)	 	
MON	ITVERDE FL 34756				01.0017100	Too (To Don Horrison to Horrisopia			
				83					
				84	City			85 Zip	Code
				<u>L_</u>	Ĺ <u></u>	poration submits this statement for the	FL	• ` `	
SIGNATURE	rn familiar with and accept the oblig	gent and twe if applicable INC	OFE Registere			pired when reinstating)	DATE		
12.	OFFICERS AF	ND DIRECTORS DELETE	13.	TIC		ADDITIONS/CHANGES TO OFFI	JEHS ANI	Change	RS IN 12 Addition
NAME	STOUT, WILLIAM M.			AME				L. Change	L. Audilion
STREET ADDRESS	15133 VINOLA PLACE				ADDRESS				
City-S1-7:P	MONTVERDE FL				ST - ZIP				
THE	S	☐ DELETE	2.1 TI					Change	Addition
NAME	STOUT, SUE E.		2.2 N	AME					
STREET ADDRESS	15133 VINOLA PLACE		235	TREET	ADDRESS				
CITY - ST - ZIP	MONTVERDE FL		2 4 0	OTY - S	ST-ZIP				
TITLE		L] DELETE	3 1 Ti	TLE				☐ Change	Addition
NAME			3.2 N						
STREET ADDRESS			1		ADDRESS				
CITY+S1-ZIP		T no rec			ST-ZIP			01	T CAPP
TITLE		L_] DELETE	4.1 Ti					Change	Addition
NAME STREET ADDRESS			4.2 h		ADDRESS				
CITY - ST - ZIP					ADUNESS ST-ZIP				
THLE		DELETE	517	*********	11 - ZIF	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME		dermand	5.2 N						
STREET ADDRESS					ADDRESS				
CITY-SY-ZIP					ST-ZIP				
TITLE	DELETE			ITLE				Change	Addition
NAME			62 N	AME					
STREET ADOPESS			638	TREET	ADDRESS				
CITY-ST-ZIP					ST-ZIP				
informatio	m indicated on this annual report or	supplemental annual report is	true and	accu	urate and tha	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same leg ort as required by Chapter 607, Florida	al effect a	s if made ur	nder oath: that I

Date

Daytime Phone #