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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L61798

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SOUTHEASTERN MOTOR WORKS, INC.

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Mar	12	1997	8:00am
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A 60 WILLIAM	ace of Business	Mailing Address	A str					.,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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ALTAMONTE	SPRINGS FL 32714	LONGWOOD FL 32779-3	521				T		
US		US				3. Date Incorporated or Qualified 03/26/1990		of Last F 2/1996	leport
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	1 0//1/		oplied For
11		26				59-3003934		 	ot Applicable
Suite, Ap	ot #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	47		Additional
2	-1112 120	27							equired
City & Str	ate	City & State				Election Campaign Financing Trust Fund Contribution	П		May Be
3	Country	Zip	Cou	intry		8. This corporation has liability for i			to Fees
4	25	29	30	ĺ			Yes 🔂		. 100.00L,
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered Aç	gent	
	ALONE, TIMOTHY W.			81	Name				
	5 Brantley DR			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
LO	NGWOOD FL 32778	•		02					
				83					
				64	City		FL	85 Zip	Code
1 Due e	ol to the control of Continue CO7 Of	00 and 607 1509. Florida State	idea the a	<u> </u>	named some	eration automite this ptotomout for the o		hanaina i	to registers
office o	nt to the provisions of Sections 607.05 r registered agent, or both, in ≢he Sta	te of Florida. Such change was	utes, trie a s authorize	d by	named corporati	oration submits this statement for the pon's board of directors. I hereby accept	urpose or c it the appoi	nanging i intment as	ts registered registered
agent. I	I am familiar with, and accept the obli			tutes.	4	7/-67)		
BIGNATURE	Shuetire Tued or painted runne of registered a	- TIMOTHY	M. J	M	TURE	ad when reinstating)	DATE		
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To nereby dentity that the information supplied with this thing does not quality to 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 if chyliged, or on an attachment with an address

SIGNATURE:

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3-6-97 407-869-530