

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **M89973** (5)
1. Corporation Name
SOUTHEAST SERVICES OF CENTRAL FLORIDA, INC.

Principal Place of Business
**POST OFFICE BOX 152500
TAMPA FL 33684**

Mailing Address
**POST OFFICE BOX 152500
TAMPA FL 33684**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1988

4. FEI Number

59-2901731

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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TUTTLE, JOANNE WALLACE
8503 WOODALL COURT
TAMPA FL 33615**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P
TUTTLE, JOANNE W
PO BOX 152500 N/A
TAMPA FL 33684**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**S
CABRERA, MARIA
PO BOX 152500 N/A
TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SIGNATURE:

Marin Cabrera

3/25/98

CR2E034 (10/97)