

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 06 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N93000000415 (0)

1. Corporation Name

SOUTHEASTERN TRUSS MANUFACTURERS, INC.



Principal Place of Business Mailing Address  
400 8TH ST.  
HOLLYHILL FL 32117 400 8TH ST.  
HOLLYHILL FL 32117-3400

2. Principal Place of Business 2a. Mailing Address  
21 1867 OLD TOMOKA RD 26 1867 OLD TOMOKA RD  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 ORMOND BEACH, FL 28 ORMOND BEACH, FL  
Zip Country Zip Country  
24 32174 25 VOLUSIA 29 32174 30 VOLUSIA

3. Date Incorporated or Qualified 01/27/1993 3a. Date of Last Report 06/19/1996  
4. FEI Number 59-3165552 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
DORAN, THEODORE R  
444 SEABREEZE BLVD.  
STE. 820  
DAYTONA BEACH FL 32115  
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 617.0502 and 617.1508, 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 617.0503, 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 DST ☐ DELETE 1.1 TITLE D ST ☒ Change ☐ Addition  
NAME MULLINS, MIKE L 1.2 NAME MULLINS, MIKE L  
STREET ADDRESS 400 8TH ST. 1.3 STREET ADDRESS 1867 OLD TOMOKA RD  
CITY-ST-ZIP HOLLY HILL FL 32117 1.4 CITY-ST-ZIP ORMOND BEACH, FL 32174  
TITLE DP ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition  
NAME BROWN, RICHARD 2.2 NAME  
STREET ADDRESS 1735 HWY. 80 S. 2.3 STREET ADDRESS  
CITY-ST-ZIP LOGANVILLE GA 32049 2.4 CITY-ST-ZIP  
TITLE DV ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition  
NAME PIERPONT, WILLIAM G 3.2 NAME  
STREET ADDRESS 6363 EDGEWATER DR. 3.3 STREET ADDRESS  
CITY-ST-ZIP ORLANDO FL 32810 3.4 CITY-ST-ZIP  
TITLE D ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition  
NAME COTANDA, DIONAL 4.2 NAME  
STREET ADDRESS 1735 131ST AVE. 4.3 STREET ADDRESS  
CITY-ST-ZIP TAMPA FL 33682 4.4 CITY-ST-ZIP  
TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition  
NAME 5.2 NAME  
STREET ADDRESS 5.3 STREET ADDRESS  
CITY-ST-ZIP 5.4 CITY-ST-ZIP  
TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)