


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000415 (0)**

1. Corporation Name

SOUTHEASTERN TRUSS MANUFACTURERS, INC.



Principal Place of Business 1867 OLD TOMOKA RD ORMOND BEACH FL 32174 US	Mailing Address 1867 OLD TOMOKA RD ORMOND BEACH FL 32174 US
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3. Date Incorporated or Qualified

01/27/1993

4. FEI Number

59-3165552

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

MIKE L MULLINS

82 Street Address (P.O. Box Number is Not Acceptable)

1867 OLD TOMOKA RD

83

ORMOND BEACH

84 City

FL

85 Zip Code

32174

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE

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

MIKE L MULLINS SEC/TRES

April 16, 1998

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DST	<input type="checkbox"/> DELETE
NAME	MULLINS, MIKE L	
STREET ADDRESS	1867 OLD TOMOKS RD	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BROWN, RICHARD	
STREET ADDRESS	1735 HWY. 80 S.	
CITY-ST-ZIP	LOGANVILLE GA 32049	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PIERPONT, WILLIAM G	
STREET ADDRESS	6363 EDGEWATER DR.	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COTANDA, DIONAL	
STREET ADDRESS	1735 131ST AVE.	
CITY-ST-ZIP	TAMPA FL 33682	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE:

[Signature] **MIKE L MULLINS** **4/16/98** **904-257-5002**

CP2E037 (10/97)