

DOCUMENT # N93000000415	
1. Entity Name	
SOUTHEASTERN TRUSS MANUFACTURERS, INC.	

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90061 006 ****61.25

Principal Place of Business	Mailing Address
1867 OLD TOMOKA RD ORMOND BEACH FL 32174 US	PO BOX 730714 ORMOND BEACH FL 32173-0714 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3165552	Applied For
		Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MULLINS, MIKE L 1867 OLD TOMOKA ROAD ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	DST <input type="checkbox"/> Delete
NAME	MULLINS, MIKE L
STREET ADDRESS	1867 OLD TOMOKS RD
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	BURCAW, TERRY
STREET ADDRESS	13601 US HWY 41
CITY-ST-ZIP	SPRINGHILL FL 34610
TITLE	D <input type="checkbox"/> Delete
NAME	COTANDA, DIONAL
STREET ADDRESS	1735 131ST AVE.
CITY-ST-ZIP	TAMPA FL 33682
TITLE	DV <input type="checkbox"/> Delete
NAME	LACHAPPELLE, DOUG
STREET ADDRESS	2180 SANTA PAULA DR
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RECEIVED MIKE L MULLINS 1/2/01 904-676-0669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)