FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS

N94000002923 (0) **DOCUMENT #**

SOUTHEAST DISPLAY CENTER, INC.

Mailing Address Principal Place of Business P O BOX 100280 250 GRASSLAND ROAD PALM BAY FL 32910-0280 PALM BAY FL 32909 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 06/14/1994 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business -- APPLIED FOR Not Applicable 21 26 \$8.75 Additional Suite. Apt. #. etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zin Zip ☐ Yes ☐ No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 82 ADAMS, TOM 250 GRASSLAND ROAD 83 PALM BAY FL 32909 85 Zip Code 64 City 1. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed came of registered agent and fit elif applicable (1295)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1.1 TITLE THLE CR2E037 1.2 NAME NAME LAWSON, JAMES 1.3 STREET ADDRESS 250 GRASSLAND ROAD STREET ADDRESS 1.4 CITY - ST - ZIP PALM BAY FL 32909 CITY - ST - ZIP ☐ Change Addition DELETE 21 TITLE TITLE Ŋ۷ 2.2 NAME SZUBA, TOM NAME 2.3 STREET ADDRESS 250 GRASSLAND ROAD STREET ADDRESS 2 4 CITY - ST - ZIP PALM BAY FL 32909 CITY-ST-2IP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME ADAMS, TOM 250 GRASSLAND ROAD 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP PALM BAY FL 32909 CITY - ST - ZIP Addition Change Treasurer/Director DELETE 4.1 TITLE TITLE 4. 2 NAME Jodie H. Thompson DE CORT, GWENDOLYN 939 Sable Circle SE 4.3 STREET ADDRESS STREET ADDRESS 250 GRASSLAND ROAD Palm Bay, FL 4.4 CITY - ST - ZIP CITY-ST-ZIP PALM BAY FL 32909 Addition Change | DELETE 5 1 TITLE TITLE 5 2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP 600001872596° -06/24/96--01021--001 Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME ***61.25 **6.3 STREET ADDRESS** STREET ADDRESS

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; that I am an officer or director of the corporation or the rejever 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.

64 CITY - ST - ZIP

SIGNATURE:

FICER OF DIRECTOR ADAMS 1 m

407-724-8009 Daytime Phone #

FILED

Secretary of State

May 01 1996 8:00 am