

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:39

DOCUMENT # **P11818** (2)

1. Corporation Name
SETA, INC.

Principal Place of Business Mailing Address
3 MOBILE INFIRMARY CIR **3 MOBILE INFIRMARY CIR**
STE 413 **STE 413**
MOBILE AL 36652 **MOBILE AL 36652**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/16/1986** 3a. Date of Last Report **07/28/1994**

4. FEI Number **63-0938880 GK** 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

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
24 25 29 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ DATE _____
Signature typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMLETT, E. CHANDLER	1.2 NAME	
STREET ADDRESS	P. O. BOX 2226 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURER, WILLIAM	2.2 NAME	
STREET ADDRESS	3 MOBILE INFIRMARY CIR	2.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, RON C	3.2 NAME	
STREET ADDRESS	3 MOBILE INFIRMARY CIR	3.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEEMAN, PAUL	4.2 NAME	
STREET ADDRESS	P O BOX 2226, NA	4.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, JIM	5.2 NAME	
STREET ADDRESS	P. O. BOX 2226 N/A	5.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, CARL E. NA	6.2 NAME	
STREET ADDRESS	P. O. BOX 2527 NA	6.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna A. Kucera 5/8/95 534-432-0118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Please)

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OFFICERS AND DIRECTORS - SETA, INC.

E. Chandler Bramlett	Chair	424-52-8789	4454 Suzanne Circle	Mobile, AL	36608
William G. Maurer	President	201-38-8533	1957 River Road	Mobile, AL	36605
Paul Freeman Jr.	Sec/Treas	420-46-1945	8330 Twin Lakes Rd	Mobile, AL	36609
Ron C. Bailey	EVP/COO	250-06-6319	2405 Springcreek Dr.	Mobile, AL	36693
Donna Kucera	VP Finance	416-15-6654	3509 Vista Ridge Dr.	Mobile, AL	36693
Carl Jones	Director				
Jim Mitchell	Director				