

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000020032 (7)

1. Corporation Name

SOUTHEASTERN COMMERCIAL PROPERTY AND INVESTMENT  
INC.

Principal Place of Business

~~3600 PEDDIE DRIVE~~  
TALLAHASSEE FL 32303

Mailing Address

~~3600 PEDDIE DRIVE~~ P.O. Box 39355  
TALLAHASSEE FL 32303-1126  
Tall, FL 72315



2. Principal Place of Business

21 Suite Apt # etc

22 City & State

23 Zip Country

2a. Mailing Address

26 ~~P.O. Box 39355~~

27 Suite, Apt #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified  
03/17/1993

3a. Date of Last Report  
05/01/1996

4. FEI Number

59-3170165

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

BARBER, ROBIN C

~~3600 PEDDIE DRIVE~~  
~~TALLAHASSEE FL 32303~~

10. Name and Address of New Registered Agent

81 Name

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

83 RT. 6, Box 1478 HAVANA 32333

84 City Tallahassee FL 85 Zip Code 32315

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DVP	BARBER, ROBIN C.	4325 OAKMONT DRIVE	TALLAHASSEE FL	<input type="checkbox"/>
OT	ATKINS, CHARLES N.	2920 MOCK DRIVE	TALLAHASSEE FL	<input type="checkbox"/>
P	BUDD, GEORGE C III	RT 1 BOX 322W	QUINCY FL	<input checked="" type="checkbox"/>
S	BUDD, DREW D.	607-27 DIXIE DR	TALLAHASSEE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 607, Florida Statutes; and that my name  
appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97 904-576-7804

CR2E034 (9/96)