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 MAR 14 AM 8:27

DOCUMENT # P93000040601 (5)

1. Corporation Name
SOUTHEAST SOLUTIONS, INC.

Principal Place of Business	Mailing Address
3306 INDEPENDENT SQUARE JACKSONVILLE FL 32202	3306 INDEPENDENT SQUARE JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 ST. PETERSBURG, FL.	26 100 SECOND AVE, South
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200
City & State 23 ST. PETERSBURG, FL.	City & State 28 St. PETERSBURG, FL.
Zip 24 33701 — County 25	Zip 29 33701 — Country 30

4. FEI Number: ~~APPLIED FOR~~ 59-3246466 — 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

CLARK, ALLAN P
3306 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: ROSS A. MALONE, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 100 SECOND AVENUE, South
83 Suite 200
84 City: St. Petersburg — FL — 85 Zip Code: 33701

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. The 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] ROSS A. MALONE, JR. 3/9/95
(Signature of new registered agent, if changed) (Registered Agent signature required when mailing) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P NAME: MALONE, ROSS A STREET ADDRESS: SUITE 250-5780 PEACHTREE DUNWOODY RD. CITY-ST-ZIP: ATLANTA GA 30342	11 TITLE: P — ☑ Change ☐ Addition 12 NAME: MALONE, Ross A. 13 STREET ADDRESS: Suite 200, 100 2nd Ave, South 14 CITY-ST-ZIP: St. Petersburg, Fl 33701
TITLE: S NAME: MALONE, JUDITA C STREET ADDRESS: STE. 250-5780 PEACHTREE DUNWOODY RD. CITY-ST-ZIP: ATLANTA GA 30342	21 TITLE: S — ☑ Change ☐ Addition 22 NAME: MALONE, Judith C. 23 STREET ADDRESS: Suite 200, 100 SECOND AVE, South 24 CITY-ST-ZIP: St. Petersburg, Fl. 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP — ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is absolutely furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation has complied with the applicable provisions of Section 607.0502, Florida Statutes. I further certify that 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 above, or on an attachment with an address.

SIGNATURE: Judith C. Malone Judith C. MALONE 3/9/95 (813)896-4820
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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