

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90054 026 \*\*\*150.00

DOCUMENT # P93000054172

Corporation Name  
SOUTHEAST SPECIALTIES, INC.

Principal Place of Business  
002  
US GA 31709

Mailing Address  
~~BOX 662~~  
AMERICUS GA 31709



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
PO BOX 447  
Apt. #, etc.  
City & State  
AMERICUS, GA  
Country  
31709 25 USA

2a. Mailing Address  
26 PO BOX 447  
Suite, Apt. #, etc.  
27  
City & State  
28 AMERICUS, GA  
Zip  
29 31709 30 USA

3. Date Incorporated or Qualified  
07/29/1993

4. FEI Number  
58-2059776  
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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARCUS, MICHAEL J  
317 N KROME AVE  
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

I, the undersigned, being a resident qualified person in the State of Florida, in accordance with 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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<input type="checkbox"/> DELETE D JOINER, JIM 29090 SW 100RD CT HOMESTEAD FL 33030	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 20001 SW 344 ST FLORIDA CITY, FL 33034
<input type="checkbox"/> DELETE D GRAVES, KEN 19370 SW 280TH ST HOMESTEAD FL 33031	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE D HAGEN, MARSHALL 16716 SW 82ND CT MIAMI FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP MARSHALL HAGEN PO BOX 970949 MIAMI, FL 33197
<input checked="" type="checkbox"/> DELETE D SMITH, ROY L 701 E LAMAR ST AMERICUS GA 31709	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP KAY B. LEE 980 WALTER BLVD, APT 2015 LAWRENCEVILLE, GA 30043
<input type="checkbox"/> DELETE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

I 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*James B. Jones, Jr.*  
James B. Jones, Jr.

2-2-99

305  
245-1647

CR2E034 (1/98)