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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000019064 (2)**

1. Corporation Name:
SOUTHEAST DIGITAL, INC.

Principal Place of Business:
2024-D N. POINT BLVD.
TALLAHASSEE FL 32308

Mailing Address:
2024-D N. POINT BLVD.
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/11/1994**

3a. Date of Last Report:

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

City & State (23):

City & State (28):

Zip (24): Country (25):

Zip (29): Country (30):

4. FEI Number: 59-3228175 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VARNUM, DONNA K
4575 MILLWOOD LANE
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name:

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

83:

84 City: **FL** 85 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: (Required) (If changing Registered Agent, Registered Agent must sign) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☐ Change ☐ Addition
12 NAME	VARNUM, DONNA K	12 NAME	
13 STREET ADDRESS	4575 MILLWOOD LANE	13 STREET ADDRESS	
14 CITY ST ZIP	TALLAHASSEE FL 32312	14 CITY ST ZIP	
21 TITLE	D	21 TITLE	☐ Change ☐ Addition
22 NAME	NOBLES, RUBY M	22 NAME	
23 STREET ADDRESS	465 VICTORY GARDEN DRIVE	23 STREET ADDRESS	
24 CITY ST ZIP	TALLAHASSEE FL 32301	24 CITY ST ZIP	
31 TITLE	D	31 TITLE	☐ Change ☐ Addition
32 NAME	WALDEN, PAMELA M	32 NAME	
33 STREET ADDRESS	2799 A.J. HENRY PARK DR.	33 STREET ADDRESS	
34 CITY ST ZIP	TALLAHASSEE FL 32308	34 CITY ST ZIP	
41 TITLE	D	41 TITLE	☐ Change ☐ Addition
42 NAME	LANEY, EDNA V	42 NAME	
43 STREET ADDRESS	412 E. EVANS AVENUE	43 STREET ADDRESS	
44 CITY ST ZIP	BONIFAY FL 32425	44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 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 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 above (changed) or on an attachment with an address.

SIGNATURE: Donna K. 4/10/95 904/385-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0007648 CP