FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P94000079709 (9)**

1. Corporate Name:
SOUTHERN ENCLOSURES, INC.

Principal Place of Business:
1496 STAMFORD
PORT CHARLOTTE FL 33952

Mailing Address:
1496 STAMFORD
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/31/1994**

3a. Date of Last Report:

2. Principal Place of Business
21 **18380 Paulson Dr.**
Suite, Apt. #, etc.
22
City & State
23 **Port Charlotte, FL**
Zip
24 **33954**
County
25 **Charlotte**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

4. FEI Number: **65-0530041**
☐ 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. The corporation has subsidy for charitable tax under S. 196.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OAKS, DAVID K ESQ.
252 WEST MARION AVENUE
PUNTA GORDA FL 33950

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: _____ _____ _____
(If changing Registered Agent, Registered Agent must sign above) (If changing Registered Agent, Registered Agent must sign above) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	**PD**	11 TITLE	☐ Change ☐ Addition
02 NAME	**PERKINS, CLESSON**	12 NAME	
03 STREET ADDRESS	**1496 STAMFORD**	13 STREET ADDRESS	
04 CITY-ST-ZIP	**PORT CHARLOTTE FL 33952**	14 CITY-ST-ZIP	
05 TITLE	**STD**	21 TITLE	☐ Change ☐ Addition
06 NAME	**COCCARO, PETER**	22 NAME	
07 STREET ADDRESS	**1496 STAMFORD**	23 STREET ADDRESS	
08 CITY-ST-ZIP	**PORT CHARLOTTE FL 33952**	24 CITY-ST-ZIP	
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY-ST-ZIP		34 CITY-ST-ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY-ST-ZIP		44 CITY-ST-ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY-ST-ZIP		54 CITY-ST-ZIP	
21 TITLE		61 TITLE	☐ Change ☐ Addition
22 NAME		62 NAME	
23 STREET ADDRESS		63 STREET ADDRESS	
24 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I declare, I certify that the information required 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 with an address.

SIGNATURE: Peter J. Coccaro Jr. 4/13/95 (813) 255-1336
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Daytime Phone #)
Peter J. Coccaro Jr.

0452011 FP