

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000088521 (7)

1. Corporation Name

SEC ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**P.O. BOX 35404
PANAMA CITY FL 32412
US**

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PANAMA CITY FL 32412
US**

3. Date Incorporated or Qualified

12/05/1994

3a. Date of Last Report

08/14/1995

4. FEI Number

59-3287858

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**PLUMMER, STEVEN B
3028 ORLANDO RD.
PANAMA CITY FL 32405**

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

Signature, typed or printed in ink of the registered agent and filed if applicable

(Not to be Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

**KANE, EDWARD P
3028 ORLANDO RD.
PANAMA CITY FL**

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

**JAMES, CLIFTON D
3028 ORLANDO RD.
PANAMA CITY FL**

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

**PLUMMER, STEVEN B
3028 ORLANDO RD
PANAMA CITY FL**

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: CLIFTON D. JAMES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2906 94

Date

(904) 283-4578

Daytime Phone #

CR2E034 (3/96)