

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015940 (6)

1. Corporation Name

SOUTHEASTERN COMMUNICATIONS NETWORK CORP., INC.



Principal Place of Business

Mailing Address

11201 122ND AVENUE N., SUITE G176
LARGO FL 34648

11201 122ND AVENUE N., SUITE G176
LARGO FL 34648

3. Date Incorporated or Qualified

02/24/1995

3a. Date of Last Report

-NA-

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3307645

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

10. Name and Address of New Registered Agent

DAYTON, STEVEN L
11201 122ND AVENUE N., SUITE G176
LARGO FL 34648

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 name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
NAME	<input type="checkbox"/> DELETE
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TITLE	<input type="checkbox"/> DELETE
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP	<input type="checkbox"/> DELETE

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
43 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
53 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
63 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96

(813) 588-0740

CR2E034 (3/96)