**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT **1996**

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

**DOCUMENT #** 95000029206

1. Corporation Name
Southeastern Construction Managers Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| 4307 Vineland Rd.<br>Suite H-11<br>Orlando, Fl. 32811 | 4307 Vineland Rd.<br>Suite H-11<br>Orlando, Fl. 32811 |

3. Date Incorporated or Qualified: 13 April 1995
3a. Date of Last Report: 13 April 1995

2. Principal Place of Business
21 4307 Vineland Rd.
Suite, Apt. #, etc.
22 Suite H-11
City & State
23 Orlando, Fl.
Zip 24 32811 Country 25 USA

2a. Mailing Address
26 4307 Vineland Rd.
Suite, Apt. #, etc.
27 Suite H-11
City & State
28 Orlando, Fl.
Zip 29 32811 Country 30 USA

4. FEI Number: 59-3273204 ☐ 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
Tamara Williams
5637 Craindale Dr.
Orlando, Fl. 32819

10. Name and Address of New Registered Agent
81 Name: Michael D. Stafford
82 Street Address (P.O. Box Number is Not Acceptable): 11109 Joel Ct.
83
84 City: Orlando FL 85 Zip Code: 32825

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] Michael D. Stafford 02 May 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Tamara Williams<br>5637 Craindale Dr.<br>Orlando, Fl. 32819<br>President | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | Michael Stafford<br>11109 Joel Ct.<br>Orlando, Fl. 32825<br>President | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Tamara Williams<br>5637 Craindale Dr.<br>Orlando,Fl. 32819<br>Vice President | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | Michael Stafford<br>11109 Joel Ct.<br>Orlando, Fl. 32825<br>Vice President | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Tamara Williams<br>5637 Craindale Dr.<br>Orlando, Fl. 32819<br>Secretary | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | Michael Stafford<br>11109 Joel Ct.<br>Orlando, Fl. 32825<br>Secretary | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Tamara Willaims<br>5637 Craindale Dr.<br>Orlando, Fl. 32819<br>Treasurer | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | Michael Stafford<br>11109 Joel Ct.<br>Orlando, Fl. 32825<br>Treasurer | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Tamara Williams<br>5637 Craindale Dr.<br>Orlando, Fl. 32819<br>Registered Agent | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | Michael Stafford<br>11109 Joel Ct.<br>Orlando, Fl.<br>Registered Agent | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | 500001850775<br>-06/04/96--01154--032<br>***233.75 | ☐ Change ☐ Addition |

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** [signature] Michael D. Stafford 02 May 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #