

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 01 1998 8:00am
Secretary of State

DOCUMENT # P95000034177 (2)

1. Corporation Name
SOUTHEAST SERVICES, INC.



Principal Place of Business
205 NATIONAL PLAE, UNIT 113
LONGWOOD FL 32750

Mailing Address
205 NATIONAL PLAE, UNIT 113
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1995

4. FEI Number

59-3309963

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

SWEENEY, MICHAEL
633 N. PARK AVE.
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

Michael Martone

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

205 NATIONAL PL UNIT 113

83

84 City

Longwood

FL

85

Zip Code

32750

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 Martone

9/24/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

MERGY, RICHARD A

STREET ADDRESS

650 TOMLINSON TER.

CITY-ST-ZIP

LAKE MARY FL 32746

☐ DELETE

TITLE

D

NAME

MERGY, BEVERLY R

STREET ADDRESS

650 TOMLINSON TER.

CITY-ST-ZIP

LAKE MARY FL 32746

☐ DELETE

TITLE

P

NAME

SWEENEY, MICHAEL

STREET ADDRESS

633 N. PARK AVE

CITY-ST-ZIP

WINTER PARK FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☒ Change ☐ Addition

194 Shadowbay Blvd

Longwood FL 32779

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

194 Shadowbay Blvd

Longwood FL 32779

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☒ Addition

SUP + CFO

Michael Martone

1640 Haley Ave

Apopka, FL 32703

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment, with an address.

SIGNATURE:

[Signature] Michael Martone

401/ 834-1475 x11

CR2E034 (5/98)