

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000043891 (7)

1. Corporation Name
SOUTHEAST STEEL HOMES, INC.



Principal Place of Business 411 N WASHINGTON ST. PERRY FL 32347 US	Mailing Address PO BOX 167 PERRY FL 32348-0167 US
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2. Principal Place of Business 415 Worley Way	2a. Mailing Address 415 Worley Way
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Perry, Fla.	28. City & State Perry, Fla.
24. Zip 32347	25. Country USA
29. Zip 32347	30. Country USA

3. Date Incorporated or Qualified 05/25/1995	3a. Date of Last Report 04/17/1996
4. FEI Number 59-3319841	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BISHOP, CONRAD C III 411 N. WASHINGTON STREET PERRY FL 32347	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President / Director
NAME	BISHOP, CONRAD "SONNY" C III	1.2 NAME	Conrad C. "Sonny" Bishop, III
STREET ADDRESS	309 E. PACE DRIVE	1.3 STREET ADDRESS	415 Worley Way
CITY - ST - ZIP	PERRY FL 32347	1.4 CITY - ST - ZIP	Perry, FL 32347
TITLE	VPD	2.1 TITLE	VP / Director
NAME	BISHOP, KATHLEEN M	2.2 NAME	Kathleen M. Bishop
STREET ADDRESS	309 E. PACE DRIVE	2.3 STREET ADDRESS	415 Worley Way
CITY - ST - ZIP	PERRY FL 32347	2.4 CITY - ST - ZIP	Perry, FL 32347
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: Kathleen M. Bishop 2/3/97 (904) 589-6113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)