

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000044074 (9)
1. Corporation Name

SOUTHEAST CIRCUIT SUPPLY, INC.

Principal Place of Business

4682 107TH CIRCLE NORTH
CLEARWATER FL 34622
US

Mailing Address

4682 107TH CIRCLE NORTH
CLEARWATER FL 34622
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 SOUTHEAST CIR. Supply
Suite, Apt. #, etc. Suite L
City & State ST. PETERSBURG
Zip 33 Country USA
25

2a. Mailing Address
26 4400 34th ST. N
Suite, Apt. #, etc.
City & State
Zip Country
28 30

3. Date Incorporated or Qualified

06/06/1995

4. FEI Number

59-3322230

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DICKSON, V. JAMES
150 2ND AVE. NORTH
17TH FLOOR
ST. PETERSBURG FL 33701

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DONALD J. RICCARDI
STREET ADDRESS 935 JUNGLE AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE D
NAME MALONEY, EDWARD J
STREET ADDRESS 5617 ASHEFORD LANE
CITY-ST-ZIP MARIETTA GA 30068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

100002629601

-09/01/98--01006--028

***550.00

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:

Donald J. Riccardi 8/19/98 727-525-2900

CR2E034 (10/97)