

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 # P95000095064 (8)

1. Corporation Name

CORPORATE SOUTHEAST, INC.

Boulder Ventures, Inc. Nic 1-30-96 St.

Principal Place of Business

4340 W. HILLSBOROUGH AVENUE
TAMPA FL 33614

Mailing Address

4340 W. HILLSBOROUGH AVENUE
TAMPA FL 33614



3. Date Incorporated or Qualified
12/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1123 OVERCASH DR

26 330 E KILBOURN AVE

4. FEI Number
59-3358148

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 1454

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 DUNEDIN FL

28 MILWAUKEE WI

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34698

25 USA

29 53202

30 USA

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

HUDOBA, STEPHEN M
101 E. EAST KENNEDY BLVD. STES 3700
BARNETT PLAZA
TAMPA FL 33602

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 (last initial)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE P ☐ Change ☒ Addition

NAME

12 NAME

ROBERT E SCHMIDT III

STREET ADDRESS

13 STREET ADDRESS

330 E KILBOURN AVE SUITE 1454

CITY-ST-ZIP

14 CITY-ST-ZIP

MILWAUKEE WI 53202

TITLE ☐ DELETE

2.1 TITLE V ☐ Change ☒ Addition

NAME

22 NAME

ROBERT E SCHMIDT JR

STREET ADDRESS

23 STREET ADDRESS

1123 OVERCASH DR

CITY-ST-ZIP

24 CITY-ST-ZIP

DUNEDIN FL 34698

TITLE ☐ DELETE

3.1 TITLE T ☐ Change ☒ Addition

NAME

32 NAME

PATRICIA A SCHMIDT

STREET ADDRESS

33 STREET ADDRESS

9711 E HAWAII PL

CITY-ST-ZIP

34 CITY-ST-ZIP

DENVER CO 80231

TITLE ☐ DELETE

4.1 TITLE S ☐ Change ☒ Addition

NAME

42 NAME

SHARON SCHMIDT

STREET ADDRESS

43 STREET ADDRESS

1123 OVERCASH DR

CITY-ST-ZIP

44 CITY-ST-ZIP

DUNEDIN FL 34698

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

62 NAME

200001795172
-04/25/96--01106--003
***200.00

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 CITY-ST-ZIP

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:

ROBERT E SCHMIDT III

4/23/96

414-271-5385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)