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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000010304 (9)

SOUTHEASTERN HOLDING CORPORATION

250 BENEVA ROAD SARASOTA FL 34238		7250 BENEVA ROAD SARASOTA FL 34238-2806	7250 BENEVA ROAD SARASOTA FL 34238-2806							
						3. Date Incorporated or Qualified 02/01/1996	3a . Da	te of Last R	eport	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26	26			65-0661589		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Fee Re		
City & State)	City & State				Election Campaign Financing Trust Fund Contribution Added to Fees				
23] Zip	Country	Zip	Cou	intry		8. This corporation has liability for it				
24	25	29	30			Florida Statutes Yes No				
	g, Name and Address of Cu				***************************************	10. Name and Address of New Re	lstered /	Agent		
CAIN	E, THOMAS E			81	Name					
	BENEVA ROAD			82	Street Add	ress (P.O. Box Number is Not Acceptab	(a)			
	ASOTA FL 34238			32	Sileel Add	iess (I.O. Dox Hamber is Not Acceptab	,			
				83						
				B4	City		FL	85 Zip	Code	
office or r agent. La	to the provisions of Sections 607 egistered agent, or both, in the s m familiar with, and accept the c	7.0502 and 607.1508, Florida Statu State of Florida. Such change was obligations of, Section 607.0505, F	tes, the al authorize lorida Stat	bove d by lutes	named corpora the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urnose of	changing it ointment as	s registered registered	
SIGNATURE	Signature, typed or printed name of register	ed agent and little if applicable (NO	TE Registere	d Age	ni signature requ	ired when reinstating)	DATE			
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12	
TITLE	D	DELETE	1.1 TI	TLE				Change	☐ Addition	
NAME.	CAINE, THOMAS E		1.2 N	AME						
STREET ADDRESS	7250 BENEVA ROAD		1.3 STR		ADDRESS					
CITY-ST-ZIF	SARASOTA FL 34238		1.4 CITY		T · ZIP					
TALE	D	DELETE	2.1 1					Change	Addition	
NAME	CAINE, TEDSON M 22M		AME							
STREET ADDRESS	7250 BENEVA ROAD		235	2 3 STREET ADDRESS						
CHY-ST-Z#	OLDAGOTA FLAGOO		2 40	MY-S	ST-ZIP					
1:iLF	D	DELETE	311					Change	Addition	
NAME	CAINE, JULIA J 32		3.2 N	AME						
STREET ADDRESS	7250 BENEVA ROAD		3.3 S	3.3 STREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34238		3.4. 0	3.4. CITY-SY-ZIP						
TITLE	D	DELETE	4.1 TI					Change	Addition	
NAME	CAINE, SUSAN K		4.21	IAME						
STREET ADDRESS	7250 BENEVA ROAD		4.3 STF		ADDRESS					
CITY - ST - ZIP	SARASOTA FL 34238		4.4 C	ITY-S	T-ZIP					
TITLE		DELETE	5.1 Ti					Change	Addition	
NAME			5.2 N	AME						
STREET ADDRESS			•		ADDRESS					
CITY-S1-7IP			•		7-2#P					
Tille		DELETE	6.1 T					Change	Addition	
NAME		•	6.2 N							
STREET ADDRESS					ADDRESS					
STREET MODINE 33			5.00							

14. Loo hereby cortify 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 an an attachment with an address.