

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000014822 (6)

1. Corporation Name
SOUTHEASTERN GAS, INC.



Principal Place of Business 5056 SE MANATEE TERRACE STUART FL 34997	Mailing Address 5056 SE MANATEE TERRACE STUART FL 34997
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 18 27 Suite, Apt. #, etc. 28 City & State 29 Westfield NC 30 Zip 31 27053 32 Country 33 Surrey	4. FEI Number 65-0668510 Applied For Not Applicable 5. Certificate of Status Desired 8. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LAVENE, GEORGE W
5056 SE MANATEE TERRACE
STUART FL 34997

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
	400 OLD DIXIE HIGHWAY		WESTFIELD	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 George Lavene

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

(NOTE: Registered Agent signature required when reinstating)

4/20/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAVENE, GEORGE W.	
STREET ADDRESS	5056 SE MANATEE TERRACE	
CITY-ST-ZIP	STUART FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAVENE, WHITNEY G.	
STREET ADDRESS	400 NO OLD DIXIE HIGHWAY	
CITY-ST-ZIP	JUPITER FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LOWE, DOLORES L.	
STREET ADDRESS	5056 SE MANATEE TERRACE	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

George Lavene

4/20/98

336-351-4317

CR2E034 (10/97)