


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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000016335</b>					
1. Corporation Name <b>Southeast Technical Services, Inc.</b>					
Principal Place of Business <b>2500 Harn Blvd. Suite C-3 Clearwater, FL 34624</b>			Mailing Address <b>Same</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/19/1996</b>	
21 State, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report <b>N/A</b>	
22 City & State		27 City & State		4. FEI Number <b>65-0646065</b>	
23 Zip		28 Zip		Applied For <input type="checkbox"/> Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>Craig C. Saunders 1132 Heard Bridge Rd. Wauchula, FL 33873-2385</b>			10. Name and Address of New Registered Agent		
			81 Name <b>Registered Corporate Agents, Inc.</b>		
			82 Street Address (P.O. Box Number is Not Acceptable) <b>612 S. Greenwood Ave.</b>		
			83		
			84 City <b>Clearwater</b>		
			85 Zip Code <b>FL 34616</b>		
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 filing with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE <b>Peggy Sue Hynson, Pres.</b> <i>Peggy Sue Hynson</i> 4/22/97 <small>Signature typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME <b>Robert Gibson</b>					
1.3 STREET ADDRESS <b>2500 Harn Blvd., Suite C-3</b>					
1.4 CITY-ST-ZIP <b>Clearwater, FL 34624</b>					
2.1 TITLE <input type="checkbox"/> DELETE <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"/> DELETE <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"/> DELETE <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"/> DELETE <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"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Robert Gibson</i> 4/22/97 813-535-6485 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					

CR2E034 (9/96)