

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

FILED

Apr 30 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000018797 (6)

1. Corporation Name:

SOUTHEASTERN METAL PRODUCTS, INC.



Principal Place of Business

**1440 N MARION STREET
LAKE CITY FL 32055**

Mailing Address

**1440 N MARION STREET
LAKE CITY FL 32055-1530**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 **P.O. Box 2818**

Suite, Apt. #, etc.

27 City & State

28 **Lake City, FL**

Zip

29 **32056**

Country

30

9. Name and Address of Current Registered Agent

**VAUGHN, CHERY J
1440 N MARION STREET
LAKE CITY FL 32055**

3. Date Incorporated or Qualified

03/01/1996

3a. Date of Last Report

4. FEI Number

59-3372595

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

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 **Cheryl J. Vaughn**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **Cheryl Vaughn**
STREET ADDRESS **Rt. 16, Box 591**
CITY-STATE-ZIP **Lake City, FL 32055**

TITLE ☐ DELETE

NAME **Vice President**
STREET ADDRESS **Michelle Bengyel**
CITY-STATE-ZIP **Rt. 5, Box 607-5**
Lake City, FL 32024

TITLE ☐ DELETE

NAME **Regional V-President**
STREET ADDRESS **Johnny G. Brown, Sr.**
CITY-STATE-ZIP **Rt. 7, Box 1100**
Quincy, FL 32351

TITLE ☐ DELETE

NAME **Secretary**
STREET ADDRESS **Robert B. Braden**
CITY-STATE-ZIP **Rt. 8, Box 96**
Lake City, FL 32055

TITLE ☐ DELETE

NAME **Treasurer**
STREET ADDRESS **Hiram G. Ash**
CITY-STATE-ZIP **Rt. 1, Box 48**
Live Oak, FL 32060

TITLE ☐ DELETE

NAME **Treasurer**
STREET ADDRESS **Hiram G. Ash**
CITY-STATE-ZIP **Rt. 1, Box 48**
Live Oak, FL 32060

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do 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: **Cheryl J. Vaughn**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97 904-758-7757

Date Daytime Phone

CR2E034 (9/96)