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

**PROFIT** CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

## **FILED** May 07 1997 8:00am Secretary of State

DOCUMENT # P96000048065 (2) SOUTHEASTERM BUILDING SYSTEMS, INC.				
Principal Plac	e of Business	Mailing Address		E AMBILIADE SUR FOUND ORBITI OBTAIN DOTAIN BOURT BOTHE BOTHE TOTAL TOTAL CONTROL ORBIT AND BOTHER AND BOTHER BOTHE
745 FRANKLIN ORLANDO FL		<del>715 Pranklin Lane</del> Orlando fl 32801-3623		
				3. Date incorporated or Qualified 3a. Date of Last Report 05/30/1996
	lage of Business	2a. Meiling Address	2777	4. FEI Number Applied For
21 23 1	Emestine St	26 FO 150X	<u>&gt; 189</u>	Not Applicable
Sůite, Apt.	#』。GIG.	Suite, Apt. #, etc.		Certificate of Status Desired     S8.75 Additional     Fee Regulred
City & Stat	å PC	City & State	FC	Election Campaign Financing \$5.00 May Be     Trust Fund Contribution
Zip	Country	7(p	Country	8. This corporation has liability for integrible tax under s. 199.032,
24 327	801 25 USA		30 USA	Florida Statutes Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
	ORE, DONALD L. JR. FRANKLIN LANE		1	
	ANDO FL 32801		82 Street	Address (P.O. Box Number is Not Acceptable)
OnL	ANDO IL GEOUT		63	
<u> </u>			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 Suprative Typics or printed name of registered agent and lice if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  Output  DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THE	1	DELETE	11 TITLE	DIPIS Change X Addition
NAME			1.2 NAME	DOYALD L. MODRE BR
SUREFU ADDRESS			1.3 STREET ADDRESS	237 ERNESTINE ST
City-St-7iP			1.4 City-St-ZiP	orlands be 32801
1111.6		☐ DELETE	2.1 TITLE	VP/AS Change Addition
NAME	İ		2.2 NAME	DONALD L. MOORE SIR
STHEFT ADDRESS			2.3 STREET ADDRESS	237 ERAESTINEST
CHY-ST-ZIP		☐ DELETE	2.4 CITY - ST - ZIP	VPIASID Change XAddition
NAME		FT perfec	32 NAME	- 3
STREET ADDRESS			3.3 STREET ADDRESS	C. Lee Wight
CITY-SI ZIP			3.4. CITY-ST-ZIP	237 EFNESTINE ST ORLANDO FL 32801
FIRE		☐ DELETE	4.1 TOLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS	! 		4.3 STREET ADDRESS	
C(TY+ST-ZIP			4.4 CITY - ST - ZIP	
HILE		☐ DELETE	5.1 TITLE	Change Addition
NAM <del>E</del>			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	(人人)
CHTY - ST - 70°		DELETE	5.4 CITY-ST-ZIP	[ Change   Lidding
1016			6.1 TITLE	☐ Change ☐ Addilion ☐ Change ☐ Addilion ☐ Change ☐ Addilion ☐ Change ☐ Change ☐ Addilion ☐ Change ☐ Change ☐ Addilion ☐ Change ☐
NAME CONCLEADDOINE			DE NAME	-05/16/9701005014
STHEFT ADDRESS			# #3 STREET ADDRESS	800002180658 -05/16/9701005014 ***173.75
14. i do here	L     by certify that the information supplied	with this filing does not qualify	6.4 CITY-ST-ZIP y for the exemption s	tated 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 afficer 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 Black 12 or Burk 13 if charged, or on an attachment with an address. Lani an officer or directe appears in Black 12 or B