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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 APR 30 AM 11:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P96000064067

1. Corporation Name

Southeast Construction & Trucking Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

7/31/96

3a. Date of Last Report

2. Principal Place of Business

21 4727 N. Monroe Street

2a. Mailing Address

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

23 Tallahassee, Florida

24 Zip

Country

29 Zip

Country

24 32303

25 Leon

24 32303

25 Leon

4. FEI Number

Applied For

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Alisa Ghazvini  
6000 Boynton Homestead  
Tallahassee, Florida 32312

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:

Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President/Director

NAME Alisa Ghazvini  
STREET ADDRESS 6000 Boynton Homestead  
CITY-STATE-ZIP Tallahassee, Florida 32312

TITLE Director

NAME Min Ghazvini  
STREET ADDRESS 4515 High Grove Road  
CITY-STATE-ZIP Tallahassee, Florida 32312

TITLE Director

NAME Patty Ghazvini  
STREET ADDRESS 7615 Preservation  
CITY-STATE-ZIP Tallahassee, Florida 32312

TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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\*\*\*\*173.75 \*\*\*\*173.75

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 in an attachment with an address.

SIGNATURE:

Muri Shuman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

Daytime Phone #

CR2E034 (9/96)