

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

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

21. Principal Place of Business  
**4727 N. Monroe Street**

2a. Mailing Address  
26

4. FEI Number

Applied For

**Applied For**

Not Applicable

22. Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State

City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

**Tallahassee, Florida**

24. Zip **32303**

25. Country **Leon**

29. Zip Country

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

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
**300002160343--3**  
**-04/30/97--01063--004**  
**\*\*\*173.75 \*\*\*173.75**  Addition

TITLE: **Director**  DELETE  
NAME: **Min Ghazvini**  
STREET ADDRESS: **4515 High Grove Road**  
CITY-STATE-ZIP: **Tallahassee, Florida 32312**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE: **Director**  DELETE  
NAME: **Patty Ghazvini**  
STREET ADDRESS: **7615 Preservation**  
CITY-STATE-ZIP: **Tallahassee, Florida 32312**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
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 in an attachment with an address.

SIGNATURE:

*Min Ghazvini*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

Daytime Phone #

CR2E034 (9/96)