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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED

98 MAY 19 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000064067

1. Corporation Name
Southeast Construction & Trucking Inc.

Principal Place of Business
4727 N. Monroe Street
Tallahassee, Florida 32303

Mailing Address
Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
July 31, 1996

4. FEI Number
applied for 5/18/98
☒ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Alisa Ghazvini
6000 Boynton Homestead
Tallahassee, Florida 32312

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 Section 607.0502 or 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 _____ (If changing Registered Agent, signature required when changing) DATE _____

12. OFFICER(S) AND/OR DIRECTOR(S)			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Alisa Ghazvini		12 NAME	
STREET ADDRESS	6000 Boynton Homestead		13 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Fl 32312		14 CITY-ST-ZIP	
TITLE	Director	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Minna Ghazvini		22 NAME	
STREET ADDRESS	4515 High Grove Road		23 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Fl 32308		24 CITY-ST-ZIP	
TITLE	Director	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Patty Ghazvini		32 NAME	
STREET ADDRESS	7615 Preservation		33 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Fl 32303		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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****150.00 ****150.00

14. I hereby certify that the information indicated on this report or supplemental 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 added, above.

SIGNATURE: Alisa Ghazvini ALISA GHAZVINI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/98
DATE

514-1000
DAYTIME TELEPHONE #

CR2E034 (10/97)