

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90220 004 \*\*\*150.00

DOCUMENT # P96000064067

1. Corporation Name

SOUTHEAST CONSTRUCTION & TRUCKING INC.

Principal Place of Business

4727 NORTH MONROE STREET  
TALLAHASSEE FL 32303

Mailing Address

4727 NORTH MONROE STREET  
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1996

4. FEI Number

APPLIED FOR 59-3515739

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 2811-E Industrial Plaza  
Suite, Apt. #, etc.

26 Same  
Suite, Apt. #, etc.

22

27

City & State

City & State

23 Tallahassee FL

28

Zip

Country

Zip

Country

24 32303

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GHAZVINI, ALISA  
6000 BOYNTON HOMESTEAD  
TALLAHASSEE FL 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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME GHAZVINI, ALISA  
STREET ADDRESS 6000 BOYNTON HOMESTEAD  
CITY-ST-ZIP TALLAHASSEE FL 32312

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GHAZVINI, MINNA  
STREET ADDRESS 4515 HIGH GROVE ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32308

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GHAZVINI, PATTY  
STREET ADDRESS 7615 PRESERVATION  
CITY-ST-ZIP TALLAHASSEE FL 32303

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I 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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

Daytime Phone #

CR2E034 (1/98)