PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P97000018794

1. Corporation Name

DOCUMENT #

SOUTHEASTERN LIBOURGICAL CORPORATION INC

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90211 047 ***150.00

JOUTHL	AGIETHA OHOEOGIONE GOIN ONNHON, MO						
Principal Place	of Business Mailing Address				-	/181 : 18 1 18 11 18 11	ARIN DIRK HARD
•							
1315 HODGES DR TALLAHASSEE FL 32308 1315 HODGES DR TALLAHASSEE FL 32308					DO NOT WRITE IN TI	HIS SPACE	
					3. Date Incorporated or Qualifed		
					02/28/1997		
2. Principal Pl	lace of Business 2a. Mailing Address			A	4. FEI Number	Apr	plied For
21 2000	Pointe Du		NU K	59-3470639	Not	t Applicable	
Suite, Apt.	، می			5. Certifcate of Status Desired	\$8.75 A		
22 /4 \	ee, FL			5. Certificate of Ctatus Desired	Fee Re	Juired	
City & State	, ,			6. Election Campaign Financing	\$5.00	- 1	
<u> 23 32</u>	<u> </u>		<u>(4</u>	Trust Fund Contribution	Added to	Fees	
Zip	Country			8. This corporation owes the current year		□No Ì	
24	25 29 30	L			Personal Property Tax. 10. Name and Address of New Register		
	Name and Address of Current Registered Agent	81	Name		10. Name and Address of New Register	ad Adelit	
PRO	CTOR, H. PALMER	82	l				
227 S CALHOUN ST			Street	Addre:	ess (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301							
		84	City			85 Zip C	ode
		1) ´		-	L	
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was authom familiar with, and accept the obligations of, Section 607.0505, Florida	nized by	the corpo	corpoi oration	ration submits this statement for the purpose of s board of directors. I hereby accept the ap	of changing its pointment as reg	registered jistered
SIGNATURE					when reinstating) DATE		\
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg OFFICERS AND DIRECTORS	13.	t signature r	requirea v	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	STD DELETE	1,1 TITLE		D			Addition
NAME	CAMPS INSERN D	1.2 NAME		2	pringer, James C 000 Centre Pointe B		
STREET ADDRESS	1915 HODGES DR 2000 Centre Pointe Blud	1,3 STREET ADDR			and Centre Pointe B	1 vd	Ì
CITY-ST-ZIP	TALLAHASSEE FL 32308	1,4 CITY-S			To 16 hasses Fl 3	2308	
TITLE	D DELETE 2.1 TI				14/14/14/14	☐ Change	Addition
NAME	MILES, DAVID D. 2000 Centre Pointe Blud 22N		2.2 NAME 2.3 STREET ADDRESS			.	
STREET ADDRESS							
CITY-ST-ZIP			2,4 CITY-ST-ZIP			<u> </u>	
TITLE	D DELETE 3.1 TI					☐ Change	☐ Addition
NAME	POTTS, WILLIAM E						
STREET ADDRESS			TADDRESS				,
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4. CITY-5	T-ZIP				
πιε	PD DELETE	4,1 TITLE				Change	☐ Addition
NAME.	ROLLINS, RALEIGH W	4. 2 NAME					
STREET ADDRESS	1207 HODGES DR 2000 Centre Pointe Blul	4.3 STREE	TADDRESS		•		
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP					
TITLE	VD DELETE	5.1 TTTLE		1		Change	☐ Addition
NAME	1207 HODGES DR 2000 Centre Bointe Blad 535TT		5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32308	5.4 CITY-S	T-ZIP				
TITLE	D DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME	SELLINGER, SCOTT B	6.2 NAME					
STREET ADDRESS	1297-HODGES DR 2000 Centre Binte Blud.		TADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32308	6.4 CITY-S	T-ZIP	1			

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 eceiver 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 on an attachment with an address with all other like empowered.

SIGNATURE:

TALLAHASSEE FL 32308

Daytime Phone #