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

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90002 020 ***150.00

DOCUMENT # P97000024438 SOUTHEASTERN MILLWORKS INC. Principal Place of Business Mailing Address 2824 BRIARCLIFF ROAD 2824 BRIARCLIFF ROAD PANAMA CITY FL 32405 PANAMA CITY FL 32405 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/01/1997 4. FEI Number Mailing Address Applied For 2. Principal Place of Business 59-3437274 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc 5. Certifcate of Status Desired Fee Required tity & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes the current year Intangible □No Personal Property Tax. 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRANCH, JOHNNÝ D 82 Street 2824 BRIARCLIFF ROAD PANAMÁ CITY FL 32405 83 84 City 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 register 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE resident Change 1.1 TITLE TITLE BRANGH, JOHNNY D Freddie 1.2 NAME NAME 1.3 STREET ADDRESS

2824 BRIARGUFF ROAD STREET ADDRESS PANAMA CITY PL-32405 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE STD 2.1 TITLE TITLE SIKES, JIMMY 2.2 NAME NAME P O BOX 16044 2.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32406 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE T/III F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITI F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change 6.1 TITLE Addition □ DELETE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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, or on an attach prey with an address with all other like empowered.

6.4 CITY-ST-ZIP

OFFICER OR DIRECTOR

CR2E034 (11/98)