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

DOCUMENT # P97000082534

SOUTHEASTERN ILS, INC.

		_	
Principal	Place	of	Business

25 W. CEDAR ST., STE, 200

Mailing Address

25 W. CEDAR ST., STE, 200 PENSACOLA FL 32501

FILED Apr 20, 1999 8:00 am Secretary of State

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04-20-1999 90153 026 ***150.00



	. 42.00				DO NOT WRITE IN 1	THIS SPACE		
					3. Date Incorporated or Qualifed			$\overline{}$
					09/24/1997			_]
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	·r
13 Blb.	3. Baylen St.	26 316 5. Bayl	en S	+.	59-3466284		Not Applica	able
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additiona e Required	al
City & State	e	City & State			6. Election Campaign Financing	\$5.	.00 May.Be	
a Pend	1 7-1	28 Pensacola	FL		Trust Fund Contribution	•	ded to Fees	
Zio	Country	Zip	Country	^	8. This corporation owes the current year	r Intangible		- {
M 325	0 \ 25 USA	29 3250\ 30	111S	لل	Personal Property Tax.	Yes	_ □No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent		
			81	Name				}
	ON, DOUGLAS M		82	Street	Address (P.O. Box Number is Not Acceptable)			$\neg \neg$
	/. CEDAR ST., STE. 200		[-	311	6 3. Baylen St., Suite 20	0		
PENS	SACOLA FL 32501		83	,				1
			84	City		85	Zip Code	
			104	Cury C	Pointacala	FL 🎳	32501	(
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	-named	corporation submits this statement for the purpos	e of changir	ig its register	ed
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was autho	onzed by	the corpo	oration's board of directors. I hereby accept the a	ippointment a	as registered	
-	The state of the s	,						Ì
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	jistered Age	nt signature r	equired when reinstating) DAT			<u>·</u> }
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER			
TITLE	D	☐ OEL E TE	1.1 TITLE			🔀 Cha	ange 🗌 Add	idition
NAME	PATTON, DOUGLAS M		1.2 NAME			٥.		}
STREET ADDRESS	25 W. CEDAR ST., STE. 200		1.3 STREE	r address	316 S. Baylen St. Suit	e x 00		
CITY-ST-ZIP	PENSACOLA FL 32501	_	1.4 CITY-S	T-ZIP	Pensacola, FL 32501			}
TITLE		☐ DELETE	2.1 TITLE	_		Cha	ange 🔲 Ad	dition
NAME			2.2 NAME					[
STREET ADDRESS	1		2.3 STREE	ADDRESS				
CITY-ST-ZIP			2, 4 CITY-5	ST-ZIP				
ΠTLE		DELETE	3.1 TITLE			Cha	ange 🔲 Adi	sdition
NAME	· -· -	·	3.2 NAME		}	•		-
STREET ADDRESS			3.3 STREE	TADDRESS)
CITY-ST-ZIP	(3,4, C/TY-5	it-ZiP				
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NAME	1		4.2 NAME					
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CITY-ST-ZIP			4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE			Ch	ange Ad	ddition
NAME			5.2 NAME		}			j
STREET ADDRESS	[5.3 STREE	TADDRESS				
			5.4 CITY-S					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Cha	ange Ad	dition
NAME	1		6.2 NAME			_	_	l
=	,			T ADDRESS				
STREET ADDRESS	}		6.4 CITY-S					
CITY-ST-ZIP	.	y	0.4 01111-3	I AF	L			

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNM PHEREQUIRED