

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90060 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000083352

1. Corporation Name

SOUTHEAST MARKETING ALLIANCE, INC.

Principal Place of Business
228 CHAUNCER LANE
WINTER HAVEN FL 33884-2341

Mailing Address
228 CHAUNCER LANE
WINTER HAVEN FL 33884-2341

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1997

4. FEI Number

59-3470895

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

21 2711 BISHOP Estates Rd.

Suite, Apt. #, etc.

22 Jacksonville Florida

City & State

Zip **32259** Country **USA**

24 **32259** 25 **USA**

2a. Mailing Address

26 2711 BISHOP ESTATES RD

Suite, Apt. #, etc.

27 Jacksonville Florida

City & State

Zip **32259** Country **USA**

29 **32259** 30 **USA**

9. Name and Address of Current Registered Agent

BUDDE, DENNIS
228 CHAUNCER LANE
WINTER HAVEN FL 33884-2341

10. Name and Address of New Registered Agent

81 Name ~~JACK R. MILAM JR~~ **JENNIFER MILAM**
82 Street Address (P.O. Box Number is Not Acceptable) ~~2711 BISHOP ESTATES RD~~
83
84 City **JACKSONVILLE** **FL** **85 Zip Code** **32259**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BUDDE, DENNIS**
 STREET ADDRESS **228 CHAUNCER LANE**
 CITY-ST-ZIP **WINTER HAVEN FL 33884-2341**

TITLE **P** ☒ DELETE

NAME **MILAM, JENNIFER**
 STREET ADDRESS **5308 RACCOON RIDGE COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **VP** ☒ DELETE

NAME **BUDDE, CHRIS**
 STREET ADDRESS **228 CHAUCER LANE**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **T** ☒ DELETE

NAME **MILAM, JENNIFER**
 STREET ADDRESS **5308 RACCOON RIDGE COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **S** ☒ DELETE

NAME **BUDDE, CHRIS**
 STREET ADDRESS **228 CHAUCER LANE**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/T
MILAM, Jennifer
2711 Bishop Estates Rd.
JACKSONVILLE, FL 32259
VP/S
CHRIS Budde
228 CHAUCER LANE
WINTER HAVEN, FL 33884

M
JACK R. MILAM JR.
2711 BISHOP ESTATES Rd.
JACKSONVILLE, FL 32259

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:

JENNIFER B. MILAM

2/16/99

904-287-2535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)