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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9700089967 1. Corporation Name

SOUTHEASTERN CONSOLIDATED MANAGEMENT, INC.

Principal Place of Business
200 SUGAR PLUM DRIVE
TALLAHASSEE FL 32312

## **FILED** Feb 13, 1999 8:00am **Secretary of State**

02-13-1999 90024 045 \*\*\*150.00



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Principal Place		Mailing Address						
200 SUGAR PLUM DRIVE TALLAHASSEE FL 32312		200 SUGAH PLUM URIVE TALLAHASSEE FL 32312	200 SUGAR PLUM DRIVE					
		FALLANASSEE PL 32312			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					10/20/1997			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
Z: Fillioparti	200 01 22011000	26			59-3475440			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Additional	
	#, Gto.	27			5. Certifcate of Status Desired	<u> </u>	.Fee F	Required
City & State		City & State		6. Election Campaign Financing		\$5.00	May Be	
<del>-</del> , '		28			Trust Fund Contribution		Added	I to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the curre	ent year Inta	ngible	
·	25		30	_	Personal Property Tax.		Yes	□No
24	9. Name and Address of Current	1 - 1	1001		10. Name and Address of New R	egistered A	gent	
	3. Haile and Addiess of Content			81 Name				
TYRE	rell, kenneth i				(D.O. D.) Mark A	hla\"		
	SUGAR PLUM DRIVE			82 Street Addr	ess (P.O. Box Number is Not Accepta	nie)		
	AHASSEE FL 32312			83				
1742	SALIMOSEE LE SESTE					<u> 13.1871</u>	, d'(, d)	1.48
				84 City			* 85 Zip	Code
					d back this statement for the	1 <b>L</b>	handing it	te registered
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statut of Florida, Such change was a	es, the a uthorized	bove-named corp i by the corporation	on's board of directors. I hereby accep	t the appoin	tment as	egistered
oπice or r agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Stat	utes.				
SIGNATURE						· ·	•	
SIGNATURE	Signature, typed or printed name of registered agent			Agent signature require	d when reinstating)	DATE AND	DIRECT	ODS IN 12
12.	OFFICERS ANI		13.	<del></del>	ADDITIONS/CHANGES TO OF	-ICERS AN	Change	
TITLE	PD	☐ DELETE	1.1 Ti	TLE			[_] Change	
NAME	Tyrrell, Kenneth I		1.2 N	AME				
STREET ADDRESS	200 SUGAR PLUM DRIVE		1.3 \$	TREET ADORESS				
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 C	TY-ST-ZIP				
TITLE	SD	☐ DELETE	2.1 TI	TLE			☐ Change	Addition
NAME	MAY, EARL F		2.2 N	AME				
	JANE CHIMICOPPOORE DOINE		2.3 \$	TREET ADORESS				
STREET ADDRESS	TALLAHASSEE FL 32312			CITY-ST-ZIP				
CITY-ST-ZIP	TALLATIASSEL TE SESTE	☐ DELETE	3.1 TI			<u></u>	Change	e Addition
TITLE		L. Connie	3.2 N					
NAME	,	•	1					
STREET ADDRESS				TREET ADDRESS		,		4
CITY-ST-ZIP				CITY-ST-ZIP			☐ Chang	e Addition
TITLE		☐ DELETE	4.1 T		· · ·		<i>-</i>	- ,
NAME			4.21	IAME				
STREET ADDRESS			4.3 S	TREET ADDRESS				
CITY-ST-ZIP			4.4 0	ITY-ST-ZIP				
TITLE		DELETE	5.1 T	ITLE			☐ Chang	e
NAME	i		5.2 N	AME				·
STREET ADDRESS								
	Ί		5.3 S	TREET ADDRESS	., '			
CITY-ST-ZIP TITLE			1	TREET ADDRESS				
IIILE		☐ DEL£TE	1	CITY-ST-ZIP			☐ Chang	e 🗀 Addition
		☐ DELETE	5.4 C	CITY-ST-ZIP	<u>.</u>		Chang	e Addition
NAME		☐ DELETE	6.1 T 6.2 N	ITY-ST-ZIP ITLE	<u>.</u>	• · ·	☐ Chang	e Addition
NAME STREET ADDRESS		☐ DELETE	6.1 T 6.2 N 6.3 S	ITY-ST-ZIP	<u>.</u>		☐ Chang	e 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 of 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 same attachment with an address, with all other like empowered.

SIGNATURE: