

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90216 018 ***150.00

DOCUMENT # P97000093109

1. Corporation Name

SOUTH EASTERN CLAIMS AND INFORMATION SERVICES, I
NC.

Principal Place of Business

2013 GRAND BROOK CIRCLE #822-B
ORLANDO FL 32810

Mailing Address

P.O. BOX 948361
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1997

4. FEI Number

59-3454049

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

21 314 RACHELLE AVENUE

Suite, Apt. #, etc.

22 #1031

City & State

23 SANFORD FL

Zip

24 32771

Country

25 USA

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MANSFIELD, GEORGE
2013 GRAND BROOK CIRCLE #822-B
MAITLAND FL 32810

10. Name and Address of New Registered Agent

81 Name

GEORGE MANSFIELD

82 Street Address (P.O. Box Number is Not Acceptable)

314 RACHELLE AVENUE #1031

83

84 City

SANFORD

FL

85 Zip Code

32771

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 ☐ DELETE

NAME COUCH, DARLENE
STREET ADDRESS 2013 GRAND BROOK CIRCLE #822-B
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ DELETE

NAME MANSFIELD, GEORGE
STREET ADDRESS 3511 S. PARK AVENUE
CITY-ST-ZIP SANFORD FL 32773

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

COUCH, DARLENE ☒ Change ☐ Addition

314 RACHELLE AVENUE #1031
SANFORD FL 32771

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 attachment with an address, with all other like empowered.

SIGNATURE: Darlene Couch REALTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-99

407)322-9456

CR2E034 (11/98)

0089217