PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000086778 1. Corporation Name

SOUTHEAST DEMOLITION, INC.

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90060 031 ***150.00

GOOTHEROT DEMOCINON INC.			
Principal Place of Business	Mailing Address		- I (00)/03/1 (10 10)01 i Diri Cerit sein estit fein erit dem ienet ion ben
·	LAKE DESTINY DRIVE 962A LAKE DESTINY DRIVE		
		4	DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualifed
			10/08/1998
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
	26		59 354/393 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc		\$8.75 Additional
22	27	_	5. Certificate of Status Desired Fee Required
City & State	City & State	·	6. Election Campaign Financing \$5.00 May Be
23	28		Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year intangible
24 25	29 30		Personal Property Tax.
9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
FRANCIS, JOSEPH L III		OI Name	
962A LAKE DESTINY DRIVE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)
ALTAMONTE SPRINGS FL 32714		83	
ALIAMONIE OF MINOS I E DES 14		93	
		84 City	FL 85 Zip Code
	- 4 COT 4500 Florida District	to shows samed some	
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.			
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 tide if epplicable. (NOTE: Registered Agent eignature required when reinstating) DATE			
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
me One Sides +	☐ DELETE	1.f TITLE	☐ Change ☐ Addition
NAME Tarech & Francis	ETT.	1.2 NAME	Į.
NAME STREET ADDRESS 9624 Lake Desting	<u>م</u>	1.3 STREET ADDRESS	
CITY-ST-ZP Altamonte Sprin		1.4 CITY-ST-ZIP	
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	į.
STREET ADDRESS	_ ~	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	☐ Change ☐ Addition
πιε		4.1 TITLE	Change Addition
NAME		4, 2 NAME	,
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	County Court
NAME		5.2 NAME 6.3 STREET ADDRESS	
STREET ADDRESS		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	☐ Change ☐ Addition
ITTLE		62 NAME	
NAME			
STREET ADDRESS			•
CITY-ST-ZIP	İ	6.3 STREET ADDRESS	•

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 eath; 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 any attachment with an address, with all other like empowered.

SIGNATURE: