

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S31143 (8)

1. Corporation Name

SOUTHEASTERN ELECTRICAL CONTRACTING & SUPPLY, INC.



Principal Place of Business

P.O. BOX 12954
TALLAHASSEE FL 32317

Mailing Address

P.O. BOX 12954
TALLAHASSEE FL 32317

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

COLLINS, WALTER L.
1391 TIMBERLANE RD
TALLAHASSEE FL 32312

3. Date Incorporated or Qualified

02/12/1991

3a. Date of Last Report

07/18/1995

4. FEI Number

59-3049921

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL 85. Zip Code

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 of Special or granted name of registered agent and the filer (if applicable)

NOTE: Registered Agent Signatures are required for this report.

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, M B	
STREET ADDRESS	3375 E-2 CAP CIRCLE NE	
CITY-STATE-ZIP	TALLAHASSEE FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	COLLINS, W L	
STREET ADDRESS	2007 HILL N DALE N	
CITY-STATE-ZIP	TALLAHASSEE FL	
TITLE	<i>VP Steve Lewis</i>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	<i>VP Drake Flournoy</i>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<i>VP</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	<i>Collins, M.B.</i>	
3. STREET ADDRESS	<i>3375 E-2 CAP CIRCLE NE.</i>	
4. CITY-STATE-ZIP	<i>TALL. FL. 32317</i>	
5. TITLE	<i>VP</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	<i>DRAKE FLOURNOY</i>	
7. STREET ADDRESS	<i>3375-E2 CAP CIRCLE NE.</i>	
8. CITY-STATE-ZIP	<i>TALL. FL. 32301</i>	
9. TITLE	<i>VP</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	<i>Lewis STEVE</i>	
11. STREET ADDRESS	<i>1063 COPPER CREEK DR.</i>	
12. CITY-STATE-ZIP	<i>TALL. FL. 32301</i>	
13. TITLE	<i>P</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	<i>TERRI COLLINS</i>	
15. STREET ADDRESS	<i>1215 CAP CIRCLE SE</i>	
16. CITY-STATE-ZIP	<i>TALL. FL. 32301</i>	
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if attached with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96

5/22/92

CR2E034 (12/95)