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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # \$31143

SOUTHEASTERN ELECTRICAL CONTRACTING & SUPPLY, IN

FILED Jan 14 1997 8:00am Secretary of State



Principal Place of Bus ness P.O. BOX 12954 TALLAHASSEE FL 32317		Mailing Address P.O. BOX 12954 TALLAHASSEE FL 32317-2954		-				
					3. Date Incorporated or Qualified 02/12/1991	3a. Date o		port
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number 59-3049921		App	olied For Applicable
Suite, Apt. #, etc.		Suite Apt. #, etc.			5. Certificate of Status Desired	SR 75 Additional		
City & State		City & State		·	6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
	Country 25	Z(p)	Country 30	y	8. This corporation has fiability for	intangible tax Yes \[\] N	under s.	
	Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Age	nt	
COLLIN	S, WALTER L.		81	Name				
	MBERLANE RO		82 Street Addre		ress (P.O. Box Number is Not Accepta	ible)		
TALLAH	IASSEE FL 32312		83					
			84	City		E1 8	5 Zip C	ode
	disertys or a protect many or regularist agent			gent signature requi	red when reinstating)	DATE DATE		0.161.40
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Z. DLE V AME IREEL ADDRESS JTY-ST-ZIP T.E V AME JTY-ST-ZP TLE V AME UY-ST-ZP TLE V AME UTTREEL ADDRESS J TREEL ADDRESS J TREEL ADDRESS J TREEL ADDRESS J	OFFICERS AND P OLLINS, M B 375 E-2 CAP CIORCLE NE ALLAHASSEE FL P RAKE, FLOURNOY 375-E2 CAP CIR NE ALLAHASSEE FL P EWIS, STEVE 063 COPPER CREEK DR		13. 11 TITLE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	T ADDRESS ST-ZIP T ADDRESS T ADDRESS	ADDITIONS/CHANGES TO GET PARTIE TOL. CLOSETERS PLOSI GENT / SEC FROM NO WIER L. CO!	CERS AND DIF		Addition
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information indicated on this annual rer Larr an officer or director of the corp appears in Block 12 or Block 13 if c

armual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name clinient with an address.