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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

S34063 **DOCUMENT #** 

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(5)

SOUTHEAST COMPUTER PERIPHERALS CORP.

Principal Place of Business

Mailing Address

603 US HWY 41 S RUSKIN FL 33570

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Zip

2. Principal Place of Business

GRAVES, ROBERT J. JR

603 US HWY 41 S **RUSKIN FL 33570** 

Suite, Apt. #, etc.

City & State

603 US HWY 41 S RUSKIN FL 33570

2a. Mailing Address

City & State

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Suite, Apt. #, etc.

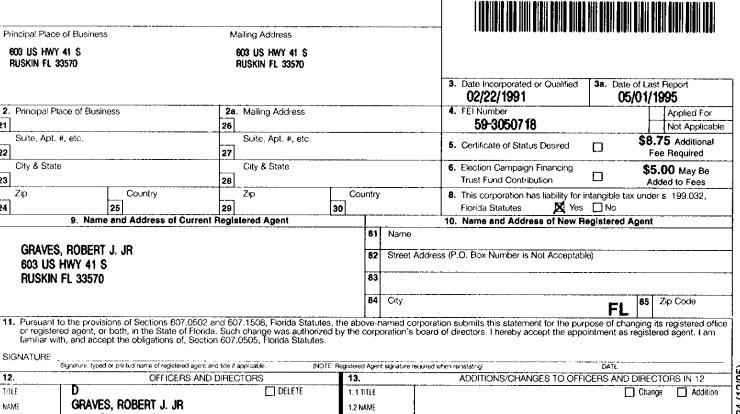
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9. Name and Address of Current Registered Agent



	Signature, typed or printed name of registered agent and ti			Registered Agent signature required when reinstating: DATE	
12.	OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1. 1 TITLE	Change Additi	
NAME	GRAVES, ROBERT J. JR		1.2 NAME		
STREET ADDRESS	603 US HWY 41 S		1.3 STREET ADDRESS		
CITY - ST - ZIP	RUSKIN FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2 1 TITLE	Change 🔲 Additi	
NAME	GRAVES, RICHARD S.		2.2 NAME		
STREET ADDRESS	217 6TH AVE SW		2.3 STREET ADDRESS		
CITY - ST - ZIP	RUSKIN FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3 1 TITLE	Change Additi	
NAME .	PITTS, JAMES R.		3.2 NAME		
STREET ADORESS	11915 CEDARFIELD DR		3.3. STREET ADDRESS		
CITY - ST- ZIP	RIVERVIEW FL		3.4 CITY - ST - ZIP		
TITLE		DELETE	4. 1 TITLE	Change Additi	
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
DITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE	☐ Change ☐ Add·ti	
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY - ST - ZIP			5.4 CITY-ST-ZIP		
THTLE		☐ DELETE	6 1 TITLE	Change Additi	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
^ITV_ST_7IP			6.4.CITY ST 7/0		

Country

81 Name

R2

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City

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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 13 if changed, or on an attachment with an address.

SIGNATURE:

ROBERT J. GRAVES JR. 4/19/96 813-645-9510

CR2E034 (12/95)