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 # **S57713** **(7)**

1. Corporation Name

NATIONAL WIRE SOUTHEAST, INC.

Principal Place of Business	Mailing Address
1375 W CHURCH STR JACKSONVILLE FL 32204 US	1375 W CHURCH ST JACKSONVILLE FL 32204 US

3. Date Incorporated or Qualified: **06/06/1991**

3a. Date of Last Report: **03/31/1995**

4. FEI Number: **59-3066312** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WILKINSON, EDGAR L.
1375 W CHURCH ST
JACKSONVILLE FL 32204

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 607.0505 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
TITLE	DCP	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MCLEAN, DONALD R.		12 NAME		
STREET ADDRESS	2676 COVE VIEW DR. N.		13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	21 TITLE	DVP	☒ Change ☐ Addition
NAME	SLUIS, MARVIN G.		22 NAME	SLUIS, MARVIN G	
STREET ADDRESS	~~5039 TIMUQUANA RD APT 46~~		23 STREET ADDRESS	2092 WATERCREST ROAD	
CITY-ST-ZIP	~~JACKSONVILLE FL~~		24 CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	DST	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	WILKINSON, EDGAR L.		32 NAME		
STREET ADDRESS	12983 SILVER OAK DR.		33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	O'STEEN, HOWARD K.		42 NAME		
STREET ADDRESS	4819 ORTEGA FOREST DR.		43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	O'STEEN, HAROLD S.		52 NAME		
STREET ADDRESS	4611 ORTEGA BLVD.		53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	DAVIS, WAYNE T		62 NAME		
STREET ADDRESS	4034 W ALHAMBRA DR		63 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, and that my electronic 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 added above.

SIGNATURE: Edgar L. Wilkinson 3/25/96 904-353-4686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

Edgar L. Wilkinson