FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY -1 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V40732 (2)

1. Corporation Name
SOUTHEASTERN COMMERCIAL LIQUIDATORS, INC.

Principal Place of Business
~~316 NW 11TH AVE~~ 400 BELCHER
~~CHIEFLND FL 32626~~
US

Mailing Address
~~P.O. BOX 1970~~
~~CHIEFLND FL 32626~~
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/29/1992
3a. Date of Last Report: 08/17/1994

2. Principal Place of Business
21: 600 NE 23RD AVE.
22: Suite, Apt. #, etc.
23: City & State: GAINESVILLE
24: Zip: 32609
25: Country: ALACHUA

2a. Mailing Address
26: 600 NE 23RD AVE.
27: Suite, Apt. #, etc.
28: City & State: GAINESVILLE
29: Zip: 32609
30: Country: ALACHUA

4. FEI Number: 59-3127015 ☐ 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

9. Name and Address of Current Registered Agent

BELCHER DON
316 NW 11TH AVE
CHIEFLND FL 32626

10. Name and Address of New Registered Agent

81 Name: DON BELCHER
82 Street Address (P.O. Box Number is Not Acceptable): 600 NE 23RD AVE.
83:
84 City: GAINESVILLE FL 85 Zip Code: 32609

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] W. DON BELCHER JR. 4/26/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE		☐ Change ☐ Addition
NAME	BELCHER, JILANNE	12 NAME		
STREET ADDRESS	#3 JACKSON ISLAND	13 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	MCCORMACK, JACK	22 NAME	DELETE JACK MCCORMACK AS DIRECTOR	
STREET ADDRESS	316 NW 11TH AVE	23 STREET ADDRESS		
CITY-ST-ZIP	CHIEFLND FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	BELCHER, DON	32 NAME		
STREET ADDRESS	316 NW 11TH AVE	33 STREET ADDRESS	600 NE 23RD AVE.	
CITY-ST-ZIP	CHIEFLND FL	34 CITY-ST-ZIP	GAINESVILLE, FL. 32609	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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 on an attachment with an address.

SIGNATURE: x [signature] Belcher 4-27-95 376-0008
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
JILANNE BELCHER (PRESIDENT)

0412607 FP