

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000025414

Entity Name: S.E. CLINE CONSTRUCTION, INC.**Current Principal Place of Business:**18 UTILITY DRIVE
PALM COAST, FL 32137**Current Mailing Address:**PO BOX 354425
PALM COAST, FL 32135-4424 US**FEI Number:** 59-3370544**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LIVINGSTON, JAY
391 PALM COAST PARKWAY SW
SUITE 1
PALM COAST, FL 32137 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JAY LIVINGSTON

01/08/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|------------------|
| Title | PRES |
| Name | SOWERS, SCOTT D |
| Address | 1093 CR 13 |
| City-State-Zip: | BUNNELL FL 32110 |

| | |
|-----------------|----------------------|
| Title | VP |
| Name | RUSH, ERIC |
| Address | 1199 COUNTY ROAD 302 |
| City-State-Zip: | BUNNELL FL 32110 |

| | |
|-----------------|------------------------------------|
| Title | SENIOR VICE PRESIDENT/TREASURER |
| Name | ALCINDOR, CYRIACUS |
| Address | 14 KASBAH PLACE |
| City-State-Zip: | PALM COAST FL 32164 |

| | |
|-----------------|---------------------|
| Title | SECRETARY |
| Name | SAMPSELLE, JACKSON |
| Address | 28 BARKWOOD LANE |
| City-State-Zip: | PALM COAST FL 32137 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate 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 above, or on an attachment with all other like empowered.

SIGNATURE: CYRIACUS ALCINDOR

SR. V.P.

01/08/2025

Electronic Signature of Signing Officer/Director Detail

Date