

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Murrain
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000042063 (5)**

SOUTHEASTERN ENGINEERING SALES CO., INC.

1. Principal Office (Number) 3208 LAKE BREEZE DR. HAINES CITY FL 33844	1a. Mailing Address 3208 LAKE BREEZE DR. HAINES CITY FL 33844
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2. Director (Name and Address) 21	2a. Mailing Address 26: PO. Box 7704	3. Date of Separation (Date) 05/31/1994	3a. Date of Last Report
22. State of Appointment	27. State of Appointment	4. FEI Number 59-3251071	Applied For Not Applicable
23. City & State	28. City & State WINTER HAVEN, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip 33883	29. Zip 33883	30. County POLK	8. This corporation has liability for interstate tax under 51-1992's Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent WEST, WILLIAM D 3208 LAKE BREEZE DR. HAINES CITY FL 33844	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
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11. Pursuant to the provisions of Sections 607.01 and 607.02 of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as required by law in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and agree to the provisions of Sections 607.01 and 607.02 of the Florida Statutes.

SIGNATURE: *William D West*

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME D WEST, WILLIAM D	STREET ADDRESS 3208 LAKE BREEZE DR.	NAME	STREET ADDRESS
CITY HAINES CITY	STATE FL	NAME	STREET ADDRESS
ZIP 33844	DATE OF APPOINTMENT	NAME	STREET ADDRESS
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY	STATE	NAME	STREET ADDRESS
ZIP	DATE OF APPOINTMENT	NAME	STREET ADDRESS
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY	STATE	NAME	STREET ADDRESS
ZIP	DATE OF APPOINTMENT	NAME	STREET ADDRESS
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY	STATE	NAME	STREET ADDRESS
ZIP	DATE OF APPOINTMENT	NAME	STREET ADDRESS

14. I do hereby certify that the information reported on the filing is complete, true and correct and that I am duly qualified to act as registered agent for the corporation in the State of Florida. I am familiar with and agree to the provisions of Sections 607.01 and 607.02 of the Florida Statutes.

SIGNATURE: *William D West*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR