

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90007 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000042063
 1. Corporation Name
SOUTHEASTERN ENGINEERING SALES CO., INC.



Principal Place of Business 3208 LAKE BREEZE DR. HAINES CITY FL 33844 NA	Mailing Address P.O. BOX 7704 WINTER HAVEN FL 33883 US NA
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 316 9th St. S. Suite, Apt. #, etc.	2a. Mailing Address 316 9th St. S. Suite, Apt. #, etc.
23. City & State HAINES CITY FLA	28. City & State HAINES CITY, FLA
24. Zip 33844	25. Country USA
29. Zip 33844	30. Country USA

3. Date Incorporated or Qualified 05/31/1994	
4. FEI Number 59-3251071	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation owes the current year Intangible Personal Property. <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	
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10. Name and Address of New Registered Agent	
81 Name WEST WILLIAM D	85 Zip 33844
82 Street Address (P.O. Box Number is Not Acceptable) 316 9th St. S.	
84 City HAINES CITY	85 State FL

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 William D West DATE 7/16/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME WEST, WILLIAM D	
STREET ADDRESS 3208 LAKE BREEZE DR.	
CITY-ST-ZIP HAINES CITY FL 33844	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME West, William D.	
1.3 STREET ADDRESS 316 9th Street South	
1.4 CITY-ST-ZIP Haines City, FL 33844	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: William D West DATE July 6, 1999 941-421-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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S
C

South Eastern
Engineering Sales Co., Inc.

587852-90007-30
P94000042063

7/6/99

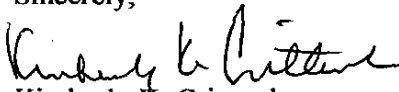
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Document # P94000042063

Dear Sir/Madame:

We received a second notice on our Corporate Annual Report packet on 7/6/99 unfortunately we have not received the first packet. I apologize for the delay I was not here last year at the time it was due and was not aware that we should have received one. I spoke to Carol in the reports filing office on 7/6/99 and she suggested we send in the original amount due \$150.00 along with a letter explaining what happened. Again I apologize for this delay.

Sincerely,


Kimberly K. Crittenden
S.E.S.C.