

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 224720

1. Corporation Name
CELPAM CORPORATION

Principal Place of Business
3740 ST JOHNS BLUFF ROAD
SUITE 5
JACKSONVILLE FL 32224
US

Mailing Address
3740 ST JOHNS BLUFF ROAD
SUITE 5
JACKSONVILLE FL 32224
US

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90113 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1959

4. FEI Number

59-6075951

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒

Yes

☐ No

9. Name and Address of Current Registered Agent

PADGET, DONALD
3740 ST JOHNS BLUFF RD, SUITE 5
JACKSONVILLE FL 32224

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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	KOGER, IRA M	
STREET ADDRESS	3740 ST. JOHNS BLUFF ROAD, STE 5	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	☒ DELETE
NAME	HAMPTON, CELESTE	
STREET ADDRESS	3740 ST. JOHNS BLUFF ROAD, STE 5	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	☐ DELETE
NAME	KOGER, NANCY T	
STREET ADDRESS	3740 ST. JOHNS BLUFF RD., STE 5	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	T	☐ DELETE
NAME	PADGETT, DONALD A	
STREET ADDRESS	3740 ST. JOHNS BLUFF ROAD, STE 5	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/98

Date

904-642-9300

Daytime Phone #

CR2E034 (1/98)