

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90006 041 ***550.00

DOCUMENT # P97000020389

1. Corporation Name

PALMA CEIA INVESTORS INC.



Principal Place of Business
**5303 PALMETTO POINT DRIVE
PALMETTO FL 34221**

Mailing Address
**5303 PALMETTO POINT DRIVE
PALMETTO FL 34221**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1997

4. FEI Number

65-0733645

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**KONECY, WILLIAM C
5303 PALMETTO POINT DRIVE
PALMETTO FL 34221**

10. Name and Address of New Registered Agent

81 Name

MONICA L REID

82 Street Address (P.O. Box Number is Not Acceptable)

5303 PALMETTO PT DRIVE

83

84 City

PALMETTO

FL

85 Zip Code

34221

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

9/10/99

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | KONECY, WILLIAM C | |
| STREET ADDRESS | 5303 PALMETTO POINT DRIVE | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DONALDSON, DONALD | |
| STREET ADDRESS | 5215 PALMETTO POINT DRIVE | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MCDONNOLD, JOHN | |
| STREET ADDRESS | 4711 PALMETTO POINT DRIVE | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BOOZER, TERRY | |
| STREET ADDRESS | 516 45TH STREET COURT WEST | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | THORESON, STEWART | |
| STREET ADDRESS | P.O. BOX 136 N/A | |
| CITY-ST-ZIP | TERRA CEIA FL 34205 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------|--|
| 1.1 TITLE | P-D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | MONICA L REID | |
| 1.3 STREET ADDRESS | 5303 PALMETTO PT DR | |
| 1.4 CITY-ST-ZIP | PALMETTO FL 34221 | |
| 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:

Monica L Reid

9/10/99

Date

941-778-2291

Daytime Phone #

CR2E034 (5/99)

0102080