

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

FILED

Apr 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 304912 (9)  
1. Corporation Name  
THREE GEE DEE COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 367 PD FORT MEADE FL 33841	P.O. BOX 367 PD FORT MEADE FL 33841

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1966

4. FEI Number

59-1118466

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CONNER, DABNEY L.  
190 E. DAVIDSON STREET  
BARTOW FL 33830

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	TD	<input checked="" type="checkbox"/> DELETE
NAME	BASSETT, RAY L.	
STREET ADDRESS	1375 THORNBURG ROAD	
CITY-ST-ZIP	BABSON PARK FL	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	GOOCH, STAPLETON D. I	
STREET ADDRESS	1401 SWANN AVE.	
CITY-ST-ZIP	TAMPA FL	

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	GOOCH, S.D., JR.	
STREET ADDRESS	44 MOUNTAIN LAKE	
CITY-ST-ZIP	LAKE WALES FL	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GOOCH, KENT J.	
STREET ADDRESS	7602 S. HENRY GEORGE RD	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CONLEY, GAYLE W.	
STREET ADDRESS	1808 RIVER DR.	
CITY-ST-ZIP	BARTOW FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	CONNER, DABNEY	
STREET ADDRESS	190 E. DAVIDSON STREET	
CITY-ST-ZIP	BARTOW FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/Asst Sec/Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jacqueline F. Gooch	
1.3 STREET ADDRESS	7602 S. Henry George Road	
1.4 CITY-ST-ZIP	Plant City, FL 33567-9361	

2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thalia J. Gooch	
2.3 STREET ADDRESS	44 Mountain Lake	
2.4 CITY-ST-ZIP	Lake Wales, FL 33859-0832	

3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Anne G. McLane	
3.3 STREET ADDRESS	P. O. Box 5211 (763 Sagewood Drive)	
3.4 CITY-ST-ZIP	Lakeland, FL 33807-5211	

4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Phillip L. Herndon	
4.3 STREET ADDRESS	P. O. Box 3950 (1031 Campbell Ave.)	
4.4 CITY-ST-ZIP	Lake Wales, FL 33859-3950	

5.1 TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Roger A. Ingley	
5.3 STREET ADDRESS	P. O. Box 990 (230 E Tillman Ave.)	
5.4 CITY-ST-ZIP	Lake Wales, FL 33859-0990	

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:

*Kent J. Gooch, VP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 6, 1998 941/285-7303

Date Daytime Phone # 0418264

CR2E034 (10/97)