

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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90112 047 ***150.00

DOCUMENT # 304912

1. Corporation Name

THREE GEE DEE COMPANY

Principal Place of Business

P.O. BOX 367
PD
FORT MEADE FL 33841

Mailing Address

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 the current year Intangible
Personal Property Tax.

☐ 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 VPDS ☐ DELETE

NAME GOOCH, JACQUELINE F
STREET ADDRESS 7602 S HENRY GEORGE ROAD
CITY-ST-ZIP PLANT CITY FL 33567-9361

TITLE P ☐ DELETE

NAME GOOCH, THALIA J
STREET ADDRESS 44 MOUNTAIN LAKE
CITY-ST-ZIP LAKE WALES FL 33859-0832

TITLE D ☐ DELETE

NAME MCLANE, ANNE G
STREET ADDRESS P O BOX 5211(763 SAGEWOOD DRIVE)
CITY-ST-ZIP LAKELAND FL 33807-5211

TITLE D ☐ DELETE

NAME HERNDON, PHILLIP L
STREET ADDRESS P O BOX 3950 (1031 CAMPBELL AVENUE)
CITY-ST-ZIP LAKE WALES FL 33859-3950

TITLE TD ☐ DELETE

NAME INGLEY, ROGER A
STREET ADDRESS P O BOX 990 (230 E TILLMAN AVENUE)
CITY-ST-ZIP LAKE WALES FL 33859-0990

TITLE S ☐ 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 ☐ Change ☒ Addition

1.2 NAME DS
1.3 STREET ADDRESS GOOCH, STAPLETON D. IV
1.4 CITY-ST-ZIP 1401 SWANN AVE
TAMPA, FL 33606

2.1 TITLE VPD ☐ Change ☒ Addition

2.2 NAME GOOCH, KENT J.
2.3 STREET ADDRESS 7602 S HENRY GEORGE RD.
2.4 CITY-ST-ZIP PLANT CITY, FL 33567

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:

Kent J. Gooch
KENT J. GOOCH, Vice-President

March 18, 1999

941/285-7303

Date

Daytime Phone #

CR2E034 (11/98)

0436017