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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 305924

(3)

R.D. CECIL AND COMPANY

FILED

Apr 22 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 3967 W. ILLINOIS ST. 3967 W ILLINOIS STREET (GRAND DETOUR) % MR. ROBERT D. CECIL 3967 W. ILLINOIS ST. DIXON IL 61021-9425 DIXON IL 61021-6424 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/14/1966 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 36-2710474 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 61021-9425 Personal Property Tax due June 30. **X** No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MCMEEKIN, RICHARD L 34 QUAIL LANE 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE BEACH 32250 83 City 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: Hogistored Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE Change 1.13/11/6 **CECIL.ROBERT D** NAME 1.2 NAME 3967 W ILLINOIS STREET STREET ADDRESS 1.3 STREET ADDRESS DIXON IL CITY-ST-ZIP 1.4 CHTY-ST-ZIP vsn DELETE Change TITLE 21 THUE Addition **CECIL**, CHARLES H NAME 2.2 NAME 966 STONEHAVEN DR STREET ADDRESS 2 3 STREET ADDRESS **ELGIN IL** CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Addition TITLE 3.1 TITLE ETNYRE, MARY S. NAME 3.2 NAME 4141 N ROCKTON AVE.C-106 STREET ADDRESS 3.3 STREET ADDRESS **ROCKFORD IL** CITY-ST-ZIP 3 4. CHTY-ST-7IP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - 2IP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change ___ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 logal effect as if made under oath; that I am an officer or director of the corporation or the propier 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 changled, or on any attaining with an address.