

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 417622

(8)

1. Corporation Name
MELEE INC

FILED
98 NOV -2 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
18 TAR HEEL RD. 206 TAR HEEL RD. 206 TAR HEEL RD.
MAGGIE VALLEY NC 28751 MAGGIE VALLEY NC 28751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/29/1973

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number
59-1448609

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	
EASTMAN, BEN O 2713 NE LAKEVIEW DR. SEBRING FL 33870	
2713 N.E. Lakeview Dr. Sebring, FL 33870 206 TAR HEEL RD. MAGGIE VALLEY, N.C. 28751	

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 BEN O. EASTMAN B. O. Eastman 1/18/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	EASTMAN, ESTHER	1.2 NAME	BEN O. EASTMAN
STREET ADDRESS	2532 DAVIS CIRCLE	1.3 STREET ADDRESS	206 TAR HEEL RD.
CITY-ST-ZIP	SEBRING FL 33870	1.4 CITY-ST-ZIP	MAGGIE VALLEY, N.C. 28751
TITLE	V	2.1 TITLE	
NAME	LOWE, DAVID	2.2 NAME	
STREET ADDRESS	2061 W NORTHGATE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS IN	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	HEACOCK, FORD	3.2 NAME	
STREET ADDRESS	2713 NE LAKE VIEW DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	
TITLE	I	4.1 TITLE	T
NAME	EASTMAN, BEN O	4.2 NAME	MIKE EASTMAN
STREET ADDRESS	16 TAR HELL RD.	4.3 STREET ADDRESS	917 8th AVE.
CITY-ST-ZIP	MAGGIE VALLEY NC 28751	4.4 CITY-ST-ZIP	SEBRING, FL 33872
TITLE	V	5.1 TITLE	V
NAME	LOWE, DOUGLAS	5.2 NAME	EASTMAN ESTHER
STREET ADDRESS	502 S MAIN ST	5.3 STREET ADDRESS	2532 DAVIS CIRCLE
CITY-ST-ZIP	WINCHESTER IN	5.4 CITY-ST-ZIP	SEBRING, FL 33870
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 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: B. O. Eastman BEN O EASTMAN 1/18/98 704-926-3125

CR2E034 (10/97)