

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **553160** (3)

1. Corporation Name
KATLEE, INCORPORATED

Principal Place of Business
**362 N.W. BEAL PKY.
SUITE 105
FT. WALTON BEACH FL 32548**

Mailing Address
**P.O. BOX 343
SHALIMAR FL 32579**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/06/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1786645	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NABORS, JAMES E. 17 LONGWOOD DRIVE SHALIMAR FL 32579		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NABROS, JAMES E.	1.2 N	
STREET ADDRESS	17 LONGWOOD DRIVE	1.3 ST ADDRESS	
CITY-ST-ZIP	SHALIMAR FL	1.4 C-ST-ZIP	
TITLE	VPD	2.1 TT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, CONNIE	2.2 N	
STREET ADDRESS	29 LONGWOOD DR.	2.3 ST ADDRESS	
CITY-ST-ZIP	SHALIMAR FL	2.4 C-ST-ZIP	
TITLE	STD	3.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARNELL, SHARILYN	3.2 N	
STREET ADDRESS	1 LONGWOOD DR.	3.3 ST ADDRESS	
CITY-ST-ZIP	SHALIMAR FL	3.4 C-ST-ZIP	
TITLE		4.1 T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 N	
STREET ADDRESS		4.3 ST ADDRESS	
CITY-ST-ZIP		4.4 C-ST-ZIP	
TITLE		5.1 TT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 N	
STREET ADDRESS		5.3 ST ADDRESS	
CITY-ST-ZIP		5.4 C-ST-ZIP	
TITLE		6.1 T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 N	
STREET ADDRESS		6.3 ST ADDRESS	
CITY-ST-ZIP		6.4 C-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 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 the 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:

JAMES E. NABORS

850-863-9050

CR2E034 (10/97)