## 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

DOCUMENT # 597677 1. Corporation Name

**GEE INVESTMENT COMPANY** 

Principal Place of Business

Mailing Address

1884 ROYAL LYTHAM COURT

1884 ROYAL LYTHAM COURT

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90192 048 \*\*\*150.00



| DAYTONA BEACH FL 32124-6700 |   | DAYTONA BEACH FL 32124-6700          |                              | DO NOT WRITE IN THIS SPACE  |                                   |
|-----------------------------|---|--------------------------------------|------------------------------|---|-----------------------------------|
|                             |   |                                      |                              | 3. Date Incorporated or Qualifed                                    |                                   |
|                             |   |                                      |                              | 12/18/1978  |                                   |
| 2. Principal Pl             | lace of Business  | 2a. Mailing Address                  |                              | 4. FEI Number   | Applied For                       |
| うろしょう                       | ROUALBIRKDALE   | 280165 ROUGE 6                       | YINK DALE                    | WAY 59-1867586  | Not Applicable                    |
| Suite, Apt.                 |   | Suite, Apt. #, etc.                  |                              | 5. Certifcate of Status Desired                                     | \$8.75 Additional<br>Fee Required |
| City & State                | e 0 11 C-   | City & State                         |                              | 6. Election Campaign Financing                                      | \$5.00 May Be                     |
| 一 5~1 1 1                   | ONA BEACH, PL   | 28 DAYTONA BE                        | EACH FZ                      | Trust Fund Contribution   | Added to Fees                     |
| ⊐ ฉีกาวป                    | LIGIA CICA  | 12 2 1211/8/0 E                      | -n .΄. Λ                     | This corporation owes the current year Intan Personal Property Tax. | ¥Yes □No                          |
| 4 5212                      | 9. Name and Address of Current  | 29 20124 -68/0 31                    | 0 0374                       | 10. Name and Address of New Registered As                           |                                   |
|                             | 9. Name and Address of Current  | Aggistered Agent                     | 81 Name                      | 10. Namo and Madiosa es toss agreements                             | <u></u>                           |
| KOFI                        | HLER, ALEXIS C  |                                      |                              | •   |                                   |
|                             | ROYAL LYTHAM CT   |                                      | 82 Street                    | Address (P.O. Box Number is Not Acceptable)                         | MAZIL                             |
|                             | TONA BEACH FL 32124   |                                      | 83 514                       | 05 KOYAL BIRKUNLE   | _w-7                              |
| DATI                        | IONA DEACH FL 32124   |                                      | 83                           | •   | •                                 |
|                             |   |                                      | 84 Ci                        | AYTOWA BEACK FL   | 85 Zip Code<br>32124              |
| 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 ch            | nanging its registered            |
| office or r                 | egistered agent, or both, in the State of<br>m familiar with, and accept the obligation | i Florida. Such change was auth      | horized by the corpo         | oration's board of directors. I hereby accept the appoint           | nent as registered                |
| _                           |   | 50 P                                 | Lesidon                      | + Worker Charles  | 4/19/90                           |
| SIGNATURE                   | Signature, typed or printed name of registered agent a                                  | and title if applicable. NOTE: R     | egistered Agent signature re | equired when reinstating) DATE                                      | <del></del>                       |
| 12.                         | OFFICERS AND  |                                      | 13.                          | ADDITIONS/CHANGES TO DESICERS AND                                   | DIRECTORS IN 12                   |
| TITLE                       | PTD   | ☐ DELETE                             | 1.1 TITLE                    | PTD   | Change                            |
| NAME                        | ALEXIS C. KOEHLER   |                                      | 1.2 NAME                     | ALEXIS C. KOEHLER<br>3165 ROYAL BIRKDALE                            | •                                 |
| STREET ADDRESS              | AAAA DOMAL AMTHANA OT   |                                      | 1.3 STREET ADDRESS           | 31/5 PAUDI BIRKDALE   | WAY                               |
|                             | DAYTONA BEACH FL 32124  |                                      | 1.4 CITY+ST-ZIP              | DAY TONA BEACH, IZ  | 32/24                             |
| CITY-ST-ZIP                 |   | DELETE                               | 2.1 TITLE                    | 214 10NA 13-11CAS.C   | ☐ Change ☐ Addition               |
| TITLE                       | VSD   |                                      |                              |   |                                   |
| NAME                        | MONTAGUE, DAVID M   |                                      | 2.2 NAME                     |   |                                   |
| STREET ADDRESS              | '   |                                      | 2.3 STREET ADDRESS           |   |                                   |
| CITY-ST-ZIP                 | SWITZERLAND FL 32259  |                                      | 2.4 CITY-ST-ZIP              |   | ☐ Change ☐ Addition               |
| TITLE                       |   | □ DELETË -                           | 3.1 TTLE                     | '   | ☐ Citalinge ☐ Madition            |
| NAME                        |   |                                      | 3.2 NAME                     |   |                                   |
| STREET ADDRESS              |   |                                      | 3.3 STREET ADDRESS           |   |                                   |
| CITY-ST-ZIP                 |   |                                      | 3.4. C!TY-ST-ZIP             |   |                                   |
| TITLE                       |   | ☐ DELETE                             | 4.1 TITLE                    |   | ☐ Change ☐ Addition               |
| NAME                        |   |                                      | 4. 2 NAME                    |   |                                   |
| STREET ADDRESS              |   |                                      | 4.3 STREET ADDRESS           |   |                                   |
| CITY-ST-ZIP                 |   |                                      | 4.4 CITY+ST-ZIP              |   |                                   |
| TITLE                       |   | ☐ DELETE                             | 5.1 TITLE                    |   | ☐ Change ☐ Addition               |
| NAME                        |   |                                      | 5.2 NAME                     | •   |                                   |
|                             | 1 .   |                                      | 5.3 STREET ADDRESS           |   |                                   |
| STREET ADDRESS              | ,   |                                      | 5.4 CITY-ST-ZIP              |   |                                   |
| CITY-ST-ZIP                 |   | ☐ DELETE                             | 6.1 TITLE                    |   | ☐ Change ☐ Addition               |
|                             | 1   |                                      | 6.2 NAME                     | '   |                                   |
| NAME                        |   |                                      | 6.3 STREET ADDRESS           |   |                                   |
| STREET ADDRESS              |   |                                      |                              |   |                                   |
| CITY-ST-ZIP.                | <u> </u>  | <del></del>                          | 6.4 CITY-ST-ZIP              | 1 - 0 - 1 - 440 07/200 Florida Statuton   5 - 1 15                  | , that the information            |
| 14. I hereby o              | certify that the information supplied with  | this filing does not qualify for the | ne exemption stated          | in Section 119.07(3)(i), Florida Statutes. I further certif         | y urat ure information            |

indicated on this annual report or supplied with this limit does not qualify for the exemption stated in Section 173.07(5)(f), holidad statutes, and the tribination indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am 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 Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.