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Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **656040** **(3)**

1. Corporation Name
SCEEE SERVICES CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1101 MASSACHUSETTS AVENUE ST. CLOUD FL 34769	1101 MASSACHUSETTS AVENUE ST. CLOUD FL 34769

3. Date Incorporated or Qualified: **02/14/1980**

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

4. FEI Number: **59-1971319** ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FOSTER, JANETTE D 1101 MASSACHUSETTS AVE ST CLOUD FL 34769	81 Name: Peele, Janette D. 82 Street Address (P.O. Box Number is Not Acceptable): 1101 Massachusetts Avenue 83 84 City: St. Cloud FL 85 Zip Code: 34769

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	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TRAVER, LEANNE		1.2 NAME		
STREET ADDRESS	9388 WALSINGHAM RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	KING GEORGE VA		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BEEKMAN, ANN K.		2.2 NAME		
STREET ADDRESS	3760 CHAPLIN ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD, FL 00000		2.4 CITY-ST-ZIP		
TITLE	PSM	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	FOSTER, JANETTE D		3.2 NAME	Peele, Janette D.	
STREET ADDRESS	4405 RUMMELL ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FIELDS, CHERYL A.		4.2 NAME		
STREET ADDRESS	136 LAFAYETTE AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOWLING GREEN VA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Leanne B Traver 2/20/98 (804) 742-5711