

DOCUMENT # 790919

1. Entity Name

SECO & GOLDEN "100" INC.

Principal Place of Business

ESSEX STREET - MUNICIPAL AIRPORT
P.O. BOX 323
DELAND FL 32721-0323

Mailing Address

ESSEX STREET - MUNICIPAL AIRPORT
P.O. BOX 323
DELAND FL 32721-0323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-0619566

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RONALD D EDMUNDSON
1600 ESSEX AVE - MUNICIPAL AIRPORT
DELAND FL 32724

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FATSON, BRUCE	
STREET ADDRESS	5500 CHESTNUT AVE	
CITY-ST-ZIP	NEWPORT NEWS VA 23605	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN, TIM	
STREET ADDRESS	4001 LEXINGTON AVE N	
CITY-ST-ZIP	ARDEN HILLS MN 55126-2992	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILBERDING, BILL	
STREET ADDRESS	2110 HOLDEN AVE	
CITY-ST-ZIP	DAVENPORT IA 52808	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGE JOHNSON	
STREET ADDRESS	635 ELLIOTT AVE W	
CITY-ST-ZIP	SEATTLE WA 49819	
TITLE	DDM	<input type="checkbox"/> Delete
NAME	SCHRIVER, D	
STREET ADDRESS	10220 N EXECUTIVE HILLS BLVD	
CITY-ST-ZIP	KANSAS CITY MO 64153	
TITLE	CB	<input type="checkbox"/> Delete
NAME	KULLMANN, DONALD	
STREET ADDRESS	1100 N BROADWAY	
CITY-ST-ZIP	CARLINVILLE IL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATSON, BRUCE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSON, ALLEN	
STREET ADDRESS	400 South M Street	
CITY-ST-ZIP	Tulare, CA 93274	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRIVER, D.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KULLMANN, DONALD	
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/05/01

904-734-3906

Date

Daytime Phone #

CR2E037 (10/00)

002254

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90057 022 ****61.25



DO NOT WRITE IN THIS SPACE

SIGN
HERE