

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

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90052 013 \*\*\*150.00

DOCUMENT # G00839

1. Corporation Name

ZEE MARKETING, INC.

Principal Place of Business

1455 SEMORAN BLVD. STE 223  
CASSELBERRY FL 32707

Mailing Address

1455 SEMORAN BLVD. STE 223  
CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1982

4. FEI Number

59-2217933

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

MORDEN, ANNE  
360 JENNIFER CT  
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name

JERRY L AND JOAN SEYMOUR

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

6380 BEAUCLAIR AVE

83

84 City

MT DORA

FL

85 Zip Code

32757

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

JERRY L. SEYMOUR

3/20/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PST: ☒ DELETE

NAME MORDEN, ANNE  
STREET ADDRESS 360 JENNIFER CT  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE V ☒ DELETE

NAME ZEE, BARBARA  
STREET ADDRESS 1671 AVALON BLVD.  
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES. ☒ Change ☐ Addition

1.2 NAME JERRY L. SEYMOUR  
1.3 STREET ADDRESS 6380 BEAUCLAIR AVE  
1.4 CITY-ST-ZIP MT DORA, FL 32757

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME JOAN E SEYMOUR  
2.3 STREET ADDRESS 6380 BEAUCLAIR AVE  
2.4 CITY-ST-ZIP MT DORA, FL 32757

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-99 352-343-4535  
Date Daytime Phone #

CR2E034 (4/1/98)

0068879