

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR 12 PM 11:20

**DOCUMENT # L08504 (7)**

1. Corporation Name

**WILLIAM B. GEE ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 161  
LECANTO FL 32661

P.O. BOX 161  
LECANTO FL 32661

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

08/09/1989

06/13/1994

4. FEI Number

59-2973838

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 has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEE, WILLIAM B.  
4400 WEST GULF TO LAKE HWY  
LECANTO FL 32661

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 constituting)

(3A)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DPS  
NAME: GEE, WILLIAM B.  
STREET ADDRESS: 4400 W GULF TO LAKE HWY  
CITY - ST - ZIP: LECANTO FL

1. TITLE  
12. NAME  
13. STREET ADDRESS  
14. CITY - ST - ZIP

Change  Addition

TITLE: T  
NAME: GEE, WILLIAM B.  
STREET ADDRESS: 4400 W GULF TO LAKE HWY  
CITY - ST - ZIP: LECANTO FL

2. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY - ST - ZIP

Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

3. TITLE  
32. NAME  
33. STREET ADDRESS  
34. CITY - ST - ZIP

Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

4. TITLE  
42. NAME  
43. STREET ADDRESS  
44. CITY - ST - ZIP

Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

5. TITLE  
52. NAME  
53. STREET ADDRESS  
54. CITY - ST - ZIP

Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

6. TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY - ST - ZIP

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included in 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 I am listed, or an affidavit is filed with an address.

SIGNATURE:

*William B. Gee*

WILLIAM B. GEE

4/5/95

813-596-7833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Digitized by