FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED **PROFIT** Mar 19 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT # L11752** CEE MAC, INC. Principal Place of Business Mailing Address 1849 EVERHART OR 1849 EVERHART DR ORLANDO FL 32806 ORLANDO FL 32806-3394 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/23/1989 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0137990 Not Applicable 21 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name MCCLOY, DAVID A. **1849 EVERHART DR** 62 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32806 R: City 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE Change TITLE 1.1 TITLE MCCLOY, DAVID A. NAME 1.2 NAME 1849 EVERHART DR 1.3 STREET ADDRESS STREET ADDRESS **ORLANDO FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE TITLE NAME MCCLOY, CECELIA 2.2 NAME STREET ADDRESS 1849 EVERHART DR 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME

14. Thereby 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 suppliemental 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

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5 3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

CECELIA MOCKOY SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-SI-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

2/26/98 401-648-2041

Addition

Addition

Change