

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



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

FILING FEE
\$ 203.75

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

FILED

97 MAY 28 AM 10:30

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L95000000266**

DAY MCGEE INTERIORS, L.C.
P.O. BOX 626
APALACHICOLA FL 32329

1a. Principal Place of Business Address
SECRETARY OF STATE
111 FOURTH STREET
APALACHICOLA FL 32320

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

111 4TH ST.

Suite, Apt. #, etc.

2a. Mailing Address

PO 626

Suite, Apt. #, etc.

3. Date Organized or Qualified

04/03/1995

3a. State of Formation

FL

4. FEI Number

59-3320314

☐ Applied For

☐ Not Applicable

5. Date of Last Report

05/30/1996

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

City & State

APALACHICOLA

Zip

32320

Country

USA

City & State

APALACHICOLA

Zip

32329

Country

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

MCGEE, DAY
111 FOURTH STREET
APALACHICOLA FL 32320

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

5.27.97

(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when reinstating)

10. Title

Managing Member/Managers

Business Street Address

City, State and Zip Code

MGRM MCGEE, DAY

54 MARKET STREET

APALACHICOLA FL

100002199001--4

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11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE-PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

5.27.97