SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M78947

(2)

E & E DEVELOPMENT OF SEBASTIAN, INC.

FILED Sep 18 1997 8:00am Secretary of State



| Principal Place of Business | | Mailing Address | | | | e sansans ser radar i deta facir arder famt alder Atfil | | | |
|--|---|--|-----------------------------|---|---------------------|---|----------------------------------|---------------|---------------|
| % JOHN ALLEN KING 182 DELMONTE ROAD SEBASTIAN FL 32958 | | % JOHN ALLEN KING 182 DELMONTE ROAD | | | | | | | |
| | | | | | | DO NOT WRITE IN THIS COACE | | | |
| | | SEBASTIAN FL 32958 | | | | DO NOT WRITE IN THIS SPACE 3, Date Incorporated or Qualified 3a, Date of Last Report | | | |
| | | | | | | 05/02/1988 | | 16/1996 | ΙΟΡΟΙΙ |
| 2. Principal P | lace of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4, FEI Number | U4/ | | oplied For |
| 21 | | 26 | | | | 1 ** | 59-2933779 Not Appl cable | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | SR 75 Additional | | | |
| 22 | | 27 | | | | 5. Certificate of Status Desired | | | equired |
| City & State | | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | Zip | Zip Country | | | 8. This corporation owes or has | paid the curr | ent year Inf | tangible |
| 24 | | | 30 |) | | Personal Property Tax due June 30. Yes No | | |] No |
| | 9. Name and Address of Curre | nt Registered Agent | | T | | 10. Name and Address of New I | Registered # | gent | |
| | IG, JOHN ALLEN | | ' | B1 | Name | | | | |
| 182 DELMONTE ROAD | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| SEI | Bastian FL 32958 | | L | _ | | | | | |
| | | | | 63 | | | | | |
| | | | <u> </u> | 84 | City | | | 85 Zip | Code |
| | | | ľ | ٦.١ | City | | FL | | 0000 |
| 11, Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Stat | utes, the ab | ove | -named corp | poration submits this statement for the | purpose of | changing if | ts registered |
| agent. La | m familiar with, and accept the oblig | gations of, Section 607.0505, | s aumonzeo Florida Statu | ıtes. | the corporat | ion's board of directors. I hereby acc | ept the appo | anungni as | registereo |
| SIGNATURE | | | | | | | | | |
| OIGHATOTIE | Signature, typed or printed name of registered ag | ent and little if applicable (N | QTE. Registered | Ager | nt signature requir | ed when reinstaling) | DATE | | |
| 12. | | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFF | , | | |
| TITLE | D DELETE | | | 1.1 TITLE | | | | Change | Addition |
| NAME | KING, JOHN ALLEN | | 1.2 NA | VIΕ | | | | | 1 |
| STREET ADDRESS | 182 DELMONTE ROAD | | 1.3 STR | LEET / | ADDRESS | | | | |
| CITY-ST-ZIP | SEBASTIAN FL | ······································ | 1.4 CIT | | - ZIP | | | | |
| TITLE | | DELETE | | | | | | Change | ☐ Addition |
| NAME | | | 2.2 NA | 2.2 NAME | | | | | i |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | ADDRESS | | | | |
| CITY-ST-ZIP | | ······································ | | 2. 4 CITY - ST - ZIP | | ··· | | | |
| TITLE | | L_ DELETE | 3.1 TITL | 3.1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME | | | 3.2 NAN | | | | | | |
| STREET ADDRESS | | | 3.3 S1R | EET / | address | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 3.4. CIT | | [- ZIP | | | | 7 3 200 |
| TITLE | | 4.1 T(TL | | | | | Change | L Addition | |
| NAME | | | 4. 2 NA | M£ | | | | | |
| STREET ADDRESS | | | 4.3 STR | EET / | address | | | | |
| CITY-ST-ZIP | | | 4.4 CiTs | | - ZIP | ······································ | ····· | | |
| TITLE | | DELETE | 5.1 TITL | | | | | Change | ☐ Addition |
| NAME | | | 5.2 NAM | ΛE | | | | | |
| STREET ADDRESS | | • | 5.3 S1R | EET / | ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CIT | | - ZIP | | | | |
| TITLE | | DELETE | 6.1 TITL | .E | | | | ☐ Change | Addition |
| NAME | | | 6.2 NAN | ΛE | | | | | |
| STREET ADDRESS | | | 6.3 S1R | EET / | ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CIT | | | | | | |
| | ov certify that the information supplied | ed with this filing does not gue | alify for the e | xer | notion stated | in Section 119.07(3)(i), Florida Statu | tes. I further | certify that | the |

I do hereby certify that the information supplied with this filing doos not qualify for the exemption stated in Section 119.0/(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 atlachment with an address.