

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90027 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03984

1. Corporation Name

PLEKO SOUTHEAST CORPORATION

Principal Place of Business

**915 WEST MEMORIAL BOULEVARD
LAKELAND FL 33801**

Mailing Address

**915 WEST MEMORIAL BOULEVARD
LAKELAND FL 33801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1984

4. FEI Number

31-1110425

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL **85** 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD**
ROBERTS, DOROTHY B.
STREET ADDRESS **2646 ALLISTON COURT**
CITY-STATE-ZIP **COLUMBUS OH**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD**
ROBERTS, COURTNEY B.
STREET ADDRESS **2646 ALLISTON COURT**
CITY-STATE-ZIP **COLUMBUS OH**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
FORGUE, JANET L.
STREET ADDRESS **2646 ALLISTON COURT**
CITY-STATE-ZIP **COLUMBUS OH**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
ROBERTS, CYNTHIA
STREET ADDRESS **610 N 7TH ST**
CITY-STATE-ZIP **PHOENIX AZ**

1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
BOGUMILL, LISA
STREET ADDRESS **966 PROSPECT MT VERNON RD**
CITY-STATE-ZIP **PROSPECT OH**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
ROBERTS, KEITH
STREET ADDRESS **2496 SWANSEA RD**
CITY-STATE-ZIP **COLUMBUS OH**

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)