

PROFIT
CORPORATION
ANNUAL REPORT

1999 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90016 005 ***150.00

DOCUMENT # P35397

1. Corporation Name

CLECKLEY & MCGEE, INC.

Principal Place of Business

Mailing Address

OFFICE BOX 1264
ORANGEBURG SC 29116POST OFFICE BOX 1264
ORANGEBURG SC 29116-1264

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1991

4. FEI Number

57-0287724

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

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

10. Name and Address of New Registered Agent

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

DCP MCGEE, EDGAR C. 1497 BROUGHTON ST., NW ORANGEBURG SC 29115	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DVC MCGEE, JAMES R. 333 HILLSBORO RD., NW ORANGEBURG SC 29115	<input type="checkbox"/> DELETE	1.2 NAME	
D MCGEE, ROSEMARY F. 1497 BROUGHTON ST., NW ORANGEBURG SC 29115	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
D MCGEE, MARTY S. 333 HILLSBORO RD., NW ORANGEBURG SC 29115	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
VPS MCGEE, JAMES R. 333 HILLSBORO RD., NW ORANGEBURG SC 29115	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T MCGEE, EDGAR C. 1497 BROUGHTON ST., NW ORANGEBURG SC 29115	<input type="checkbox"/> DELETE	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 #

CP2E3M (11/03)