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

Mailing Address

7709 STATE RD 52

2a. Mailing Address

26

BAYONET POINT FL 34667

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000012383

1. Corporation Name

Principal Place of Business

BAYONET POINT FL 34667

Principal Place of Business

7709 S.R. 52

CEP INVESTMENTS, INC.

21 \$8.75 Additional Suite, Apt. #, etc. П Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State \Box City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year intangible Country Country Zip Zip □No Personal Property Tax. 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PREVATT, CLARENCE E. JR Street Address (P.O. Box Number is Not Acceptable) 6313 JACQUELINE ARBOR **TEMPLE TERRACE FL 33617** 83 Zip Code 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change 45<u>-9</u>1-160-5579 ☐ DELETE 1.1 TITLE TITLE PREVATT, CLARENCE E. JR 12 NAME NAME 6313 JACQUELINE ARBOR 1.3 STREET ADDRESS STREET ADDRESS TEMPLE TERRACE FL 1.4 CITY-ST-ZIP ☐ Addition CITY-ST-ZIP ☐ Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME PREVATT, ELAINE NAME 6313 JACQUELINE ARBOR 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP TEMPLE TERRACE FL CITY-ST-ZIF Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change 6.1 TITLE □ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 13 or Block 13 if chapter 60 or an attachment with an address with all otherwise empowered. CITY-ST-ZIP

SIGNATURE:

Block 12 or Block 13 if changed

with all other like empowered.

25-1999 (727)863-3700 Daylime Phone #

FILED

Feb 11, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date incorporated or Qualifed

12/14/1992

59-3162460

4. FEI Number

02-11-1999 90036 024 ***150.00

CR2E034 (11/98)