

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90045 024 ***150.00

0076406

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000007611

1. Corporation Name
NEEL SYSTEMS, INC.

Principal Place of Business
1150 ELM ST.
OVIEDO FL 32765

Mailing Address
1150 ELM ST.
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1993

4. FEI Number
59-3165874

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

21 901 16th Street

Suite, Apt. #, etc.

22 City & State

23 Port St Joe, FL

Zip

Country

24 32456 25 USA

2a. Mailing Address

26 901 16th Street

Suite, Apt. #, etc.

27 City & State

28 Port St Joe, FL

Zip

Country

29 32456 30 USA

9. Name and Address of Current Registered Agent

NEEL, CHARLENE B
1150 ELM ST.
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name

Neel, Charlene B.

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

901 16th Street

83

84 City Port St Joe

FL

85 Zip Code 32456

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

Charlene B. Neel

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/23/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME NEEL, KEITH M

STREET ADDRESS 1150 ELM ST.

CITY-ST-ZIP OVIEDO FL 32765

TITLE VP ☐ DELETE

NAME NEEL, CHARLENE B

STREET ADDRESS 1150 ELM ST.

CITY-ST-ZIP OVIEDO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Keith M. Neel

1.3 STREET ADDRESS 901 16th Street

1.4 CITY-ST-ZIP Port St Joe, FL 32456

2.1 TITLE Vice-President ☒ Change ☐ Addition

2.2 NAME Charlene B. Neel

2.3 STREET ADDRESS 901 16th Street

2.4 CITY-ST-ZIP Port St Joe, FL 32456

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charlene B. Neel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

DATE

(850) 227-9588

Daytime Phone #

CR2E034 (11/98)