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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

DOCUMENT # **P93000040634**1. Corporation Name

CLJ SHADY PROPERTIES, INC.

Principal Place of Business Mailing Address
800 WEST RICH AVE. P O BOX 348
DELAND FL 32721 DELAND FL 32721

Country

25

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90075 038 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/08/1993 Applied For 4. FEI Number Not Applicable 59-3186523 \$8.75-Additional \square 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. Yes 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

KEEFER, IVAN R

800 WEST RICH AVE.

DELAND FL 32721

81 Name

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

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

84 City

FL 85 Zip Code

Country

30

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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change ☐ Addition 11 TITLE TITLE KEEFER, IVAN R 1.2 NAME NAME 800 WEST RICH AVE. 1.3 STREET ADDRESS STREET ADDRESS **DELAND FL 32721** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 2.1 TITLE Change STD TITLE KEEFER, DORIS J 22 NAME 800 WEST RICH AVE. 2.3 STREET ADDRESS STREET ADDRESS DELAND FL 32721 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R Keefer 2/20/99

Daytime Phone #

CR2E034 (11/98)