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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P9400001807 (4) DOCUMENT #

NEKO INC AMEDICAN

MERO; MO: AMILINIOAM	
Principal Place of Business	Mailing Address
3427 RECKER HIGHWAY WINTER HAVEN FL 33881	3427 RECKER HIGHWAY WINTER HAVEN FL 338

FILED Mar 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3236179 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Ζip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** SIDWELL, GLEN 3427 RECKER HIGHWAY **B2** Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33880 **B3** Zip Code 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** 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 12. 13. Change ___ Addition ☐ DELETE 11 TITLE TITLE SIDWELL, GLEN 1.2 NAME NAME 1584 N LAKE SHIPP DR 1.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITI F 21 TITLE SIDWELL, MICHAEL 2.2 NAME NAME 1905 QUEEN'S TERRACE STREET ADDRESS 2.3 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 2. 4 City-St-Zip DELETE Change Addition Addition 3.1 TITLE TITLE SIDWELL, CONNIE 3.2 NAME NAME 1905 QUEEN'S TERRACE 3.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33880 3.4. CITY-ST-ZiP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition SIDWELL, TARESSA 4. 2 NAME NAME 1584 N LAKE SHIPP DR 4.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITI F 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CiTY-ST-ZIP DITY-ST-7/P

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 ch ged, or on an attachra address