

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000005528 (2)

1. Corporation Name
SOF-KEE, INC.



Principal Place of Business

Mailing Address

776 PERRYMAN LANE WEST
JACKSONVILLE-FL 32221

776 PERRYMAN LANE WEST
JACKSONVILLE, FL 32221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1994

4. FEI Number

59-3220485

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 or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 8861 Quail Roost Trail

Suite, Apt. #, etc.

22 City & State

23 Jacksonville, Florida

Zip

24 32220

Country

25 America

2a. Mailing Address

26 P.O. Box 60487

Suite, Apt. #, etc.

27 City & State

28 Jacksonville, Florida

Zip

29 32236-0487

Country

30 America

9. Name and Address of Current Registered Agent

RON DEFOE
776 PERRYMAN LANE W.
JACKSONVILLE FL 32221

10. Name and Address of New Registered Agent

81 Name

Carolyn McMullan

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

8861 Quail Roost Trail

83

84 City

Jacksonville

FL

85 Zip Code

32220

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 Carolyn McMullan, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/97

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME DEFOE, RONALD
STREET ADDRESS 776 PERRYMAN LANE WEST
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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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 McMullan, Carolyn
1.3 STREET ADDRESS 8861 Quail Roost Trail
1.4 CITY-ST-ZIP Jacksonville, Florida 32220

2.1 TITLE Secretary ☐ Change ☒ Addition

2.2 NAME Defoe, Ronald
2.3 STREET ADDRESS 776 PERRYMAN LANE WEST
2.4 CITY-ST-ZIP Jacksonville, FL 32220

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.

CR2E034 (10/97)