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

DOCUMENT # P94000048756 (8)

SEBREE INCORPORATED

Principal Place of Business

Mailing Address

FILED Feb 04 1998 8:00am Secretary of State



3818 W LINEBAUGH AVE., STE. 114 3816 W LINEBAUGH AVE., STE 114 TAMPA FL 33624 TAMPA FL 33624 DO NOT WRITE IN THIS SPACE LIS 3. Date Incorporated or Qualified 06/27/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3252709 Not Applicable Sulte, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intengible 24 29 Personal Property Tax due June 30.] Yes □ No 25 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name SEBREE, BILL W 3816 W LINEBAUGH AVE., STE 114 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33624** 83 84 City 85 Zip Code FI 11. Pursuant to the provisions of Soctions 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Addition TITLE DELETE 1.1 TO LE Change SEBREE, BILL W NAME 1.2 NAME 4001 BRAESGATE LANE STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33624** CITY-ST-ZIP 1.4 CHY-S1-7IP DELETE Addition Change TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 City - St - ZiP CITY-ST-ZIP TITLE DELETE 3 1 TITLE ☐ Change Addition 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 City-St-7iP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1.1ITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 eath; that I am an officer or director of the corporation or the receiver or fuscise 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.

SIGNATURE: Bill W. SERCEE

Fill as Duw

130 198

8/3 264 6719