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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031272 (4)

SEELIG ENTERPRISES CORPORATION

Principal Place of Business Mailing Address 9520-F SW 84 TERR 9520-F SW 84 TERR OCALA FL 34481 OCALA FL 34481 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/17/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 59-3302163 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zip Country Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SEELIG, M. DONALD 9520-F SW 84 TERR Street Address (P.O. Box Number is Not Acceptable) 82 OCALA FL 34481 83 City Zip Code 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 12. OFFICERS AND DIRECTORS 13. **PCEO** DELETE 1.1 TITLE ☐ Change Addition TITE E SEELIG, M. DONALD 1,2 NAME NAME 9520-F SE 84TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS **OCALA FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE SEELIG, JOYCE 2.2 NAME NAME 9520-F SW 84TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS OCALA FL 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 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME

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 visitee 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.

SIGNATURE.

6.3 STREET ADDRESS