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PROFIT CORPORATION ANNUAL REPORT



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May 04 1998 8:00am

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4/2 ME Q41/295 4718

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an estachment with an address.

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NEELEY COMPANY, INC.

Principal Place of Business Mailing Address 6615 27TH AVENUE DRIVE W 6815 27TH AVENUE DRIVE W BRADENTON FL 34209 **BRADENTON FL 34209** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0576615 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Added to Fees Trust Fund Contribution 23 28 Zip Country This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. 🗶 Yes ☐ No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NEELEY, DONNA J 6615 27TH AVENUE DRIVE W 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34209** 83 84 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 porried name of registered agent and trin if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE NAME **NEELEY, DONNA J** 1.2 NAME 6615 27TH AVE DR W 1.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY+ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP

14. 1 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