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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600000215 1. Corporation Name

CECIL, INC.

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90118 037 ***150.00



Principal Place	e of Business	Mailing Address						
1830 MERCER HAMMOCK COURT 112 N WOODLAND BLVD								
DELAND FL 32720 DELAND FL 32720					DO NOT WRITE IN THIS	PACE		
		US				- ACE		
- مواسط به شورو	ين نسيد د پرسيد د	بالبسيج وعلقان ويهيد معجسيهم لزا ويحف			3. Date Incorporated or Qualifed			
					01/02/1996			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
21 // 🔿	N. Woodland His				59-3362867		Not Applicable	
Suite, Apt. #, etc.				I S Cortificate of Status Desired / I			5 Additional	
22		27					Required	
City & State City & State			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe					
$_{23}$ De	ana, PC	28			Trust Fund Contribution		ed to Fees	
Zip Country Zip				8. This corporation owes the current year Intangible Personal Property Tax			□NI-	
24 302	25 VOLOSIA	29 30			Personal Property Tax.		No	
	9. Name and Address of Current	Registered Agent	0.4	I Manua	10. Name and Address of New Registered A	geni		
050	NE GARGONAL P		81	Name				
CECIL, CAROLYN B				82 Street Address (P.O. Box Number is Not Acceptable)				
1830 MERCER HAMMOCK COURT								
DEL	AND FL 32720		83					
ļ			84	City		85 Z	ip Code	
			04	City	FL	03 -	.p oodo	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	abov	e-named corpo	oration submits this statement for the purpose of	hanging	its registered	
office or a	registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such channe was authoriz	ed hv	the comoratio	n's board of directors. I hereby accept the appoin	tment as	registered	
!	Till History 14 1	ecil Vice	•	Sidest				
SIGNATURE	Signature, typed or printed name of registered agent			int signature required	when reinstating) DATE			
12.	OFFICERS AND		3.		ADDITIONS/CHANGES TO OFFICERS AN	DIREC	TORS IN 12	
TITLE	PTD	☐ DELETE 1,1	TITLE		<u> </u>	Chan	ge 🔲 Addition	
NAME	CECIL, CAROLYN B	1.2	NAME					
STREET ADDRESS		RT 13	STREE	T ADDRESS				
	DELAND FL 32720	· •	CITY-S					
CITY-ST-ZIP			TITLE	/		Chan	ge Addition	
	ייי ארסט		NAME			_		
NAME .	CECIL, WILLIAM B.III			TADORESS				
STREET ADDRESS								
CITY-ST-ZIP	DELAND FL 32720			ST-ZIP		Chan	ge Addition	
TITLE			TITLE	Ì		الانتان ال	3- L. W. 211(01)	
NAME			NAME					
STREET ADDRESS	\$			TADDRESS				
CITY-ST-ZIP			.CITY+	ST-ZIP		<u></u>	aa	
TITLE		☐ DELETE 4.1	TITLE			Chan	ge	
NAME		4.1	NAME					
STREET ADDRESS) j	4.3	STREE	TADORESS				
CITY-ST-ZIP		4.4	CITY-S	ST-ZIP				
TITLE		☐ DELETE 5.1	TITLE			☐ Chan	ge 🗌 Addition	
NAME	1	5.2	NAME					
STREET ADDRESS	3	5.3	STREE	TADDRESS				
]	5.4	CITY-S	ST-ZIP				
CITY-ST-ZIP			TITLE			Chan	ge 🔲 Addition	
}	1	<u> </u>	NAME			_	-	
NAME				T ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP	5	t t	CITY-					

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, with all other like expowered.

SIGNATURE: