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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600061219 (7)

ROY MCNEELY & ASSOCIATES, INC.

Principal Place of Business Mailing Address 2322 MERRILY CIRCLE 2322 MERRILY CIRCLE SEFFNER FL 33584 SEFFNER FL 33584 3a. Date of Last Report 3. Date Incorporated or Qualified 07/22/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-34/306 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zici Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCNEELY, ROY L 2322 MERRILY CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) SEFFNER FL 33584 83 Zip Code 85 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. Lam 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. Addition DELETE ☐ Change 1.1 TITLE HILLE MCNEELY, ROY L 1.2 NAME NAME 2322 MERRILY CIRCLE 1.3 STREET ADDRESS STREET ADORESS SEFFNER FL 33584 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CHTY-ST-7IP DELETE Change Addition TITLE 3.1 TITLE NAM: 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-S1-ZII DELETE 4.1 TITLE Change Addition THEF 4. 2 NAME NAMe STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-7IP CITY - ST - ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5 4 CITY-ST-ZIP City-St-74 Addition DELETE 61 TITLE Change LILE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemplion 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

SIGNATURE: Roy L. MC WENTY TU

appears in Block 12 or Block 13 if changed, or on an attachment with

COY-SI-2iP

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**FILED** 

May 09 1997 8:00am

Secretary of State