

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90108 008 ***150.00

DOCUMENT # P96000097132

1. Corporation Name
ARCEE CAPITAL CORPORATION

Principal Place of Business

4400 34TH ST N
UNIT F
ST PETERSBURG FL 33714
US

Mailing Address

4400 34TH ST N
UNIT F
ST PETERSBURG FL 33714
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1996

4. FEI Number

59-3412711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4400 34th ST N

Suite, Apt. #, etc.

22 UNIT G

City & State

23 ST PETERSBURG, FL

Zip

24 33714

Country

25 USA

2a. Mailing Address

26 4400 34th ST N

Suite, Apt. #, etc.

27 Unit G

City & State

28 ST PETERSBURG, FL

Zip

29 33714

Country

30 US

9. Name and Address of Current Registered Agent

RICHARDS, ROGER
4400 34TH ST N
UNIT F
ST PETERSBURG FL 33714

10. Name and Address of New Registered Agent

81 Name

Richards, Roger

82 Street Address (P.O. Box Number is Not Acceptable)

4400 34th ST N

83

Unit G

84 City

St. Petersburg

FL

85 Zip Code

33714

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

Ron Richards

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-5-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME RICHARDS, ROGER
STREET ADDRESS 9163 HIGHLAND RIDGE WAY
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME CHRISTIANO, PATER
STREET ADDRESS 12103 WOOD DUCK PL
CITY-ST-ZIP TAMPA FL

TITLE ☒ DELETE

NAME SMITH, ROY W
STREET ADDRESS 6610 121ST AVE #7
CITY-ST-ZIP LARGO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 empowered.

SIGNATURE:

Ron Richards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

Date

727-525-7800

Daytime Phone #

CR2E034 (11/98)