

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  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90232 002 \*\*\*158.75

DOCUMENT # P97000056000

1. Corporation Name

DEESEA VENTURES, INC.

Principal Place of Business

16200 U.S. HIGHWAY 331 SOUTH  
FREEPORT FL 32439

Mailing Address

P.O. BOX 989  
FREEPORT FL 32439

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1997

4. FEI Number

~~APPLIED FOR~~ 59-3502003

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERMANN, RICHARD P  
25 NE WALTER MARTIN ROAD  
FORT WALTON FL 32548

81 Name

Robert E. Capps

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

225 Blue Ridge Parkway

83

84 City

FL

85 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

*Robert E. Capps* CEO

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME CAPPS, ROBERT E  
STREET ADDRESS 16200 U.S. HIGHWAY 331 SOUTH  
CITY-ST-ZIP FREEPORT FL 32439

TITLE D ☐ DELETE

NAME GANTZ, JOSEPH  
STREET ADDRESS 16200 U.S. HIGHWAY 331 SOUTH  
CITY-ST-ZIP FREEPORT FL 32439

TITLE D ☐ DELETE

NAME BYLIN, ARTHUR  
STREET ADDRESS 16200 U.S. HIGHWAY 331 SOUTH  
CITY-ST-ZIP FREEPORT FL 32439

TITLE D ☐ DELETE

NAME DAVIS, KIM  
STREET ADDRESS 16200 U.S. HIGHWAY 331 SOUTH  
CITY-ST-ZIP FREEPORT FL 32439

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

*Robert E. Capps*

2/25/99

850-835-0100

CR2E034 (1/98)