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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000066444

1. Corporation Name

DEE COMPANY OF PLANT CITY, INC.



Principal Place of Business 300 W. REYNOLDS ST. PLANT CITY FL 33566	Mailing Address P.O. BOX 1118 PLANT CITY FL 33564 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 110 E. REYNOLDS STREET		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/29/1997	
Suite, Apt. #, etc. 22 SUITE 700		City & State 27 PLANT CITY, FLORIDA		4. FEI Number 59-3462966	
City & State 23 PLANT CITY, FLORIDA		Zip 24 33566		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 25		Country 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VERNER, EDWARD M
300 W. REYNOLDS ST.
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 110 E. REYNOLDS STREET, SUITE 700
83	
84 City PLANT CITY,	85 Zip Code FL 33566

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Pres./Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VERNER, EDWARD M		1.2 NAME EDWARD M. VERNER	
STREET ADDRESS 300 W. REYNOLDS ST.		1.3 STREET ADDRESS 110 E. REYNOLDS STREET, SUITE 700	
CITY-ST-ZIP PLANT CITY FL 33566		1.4 CITY-ST-ZIP PLANT CITY, FL 33566	
TITLE 	<input type="checkbox"/> DELETE	2.1 TITLE Vice Pres./Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		2.2 NAME JOHN V. VERNER	
STREET ADDRESS 		2.3 STREET ADDRESS 110 E. REYNOLDS STREET, SUITE 700	
CITY-ST-ZIP 		2.4 CITY-ST-ZIP PLANT CITY, FL 33566	
TITLE 	<input type="checkbox"/> DELETE	3.1 TITLE Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		3.2 NAME JAMES R. SHUMP	
STREET ADDRESS 		3.3 STREET ADDRESS 110 E. REYNOLDS STREET, SUITE 700	
CITY-ST-ZIP 		3.4 CITY-ST-ZIP PLANT CITY, FL 33566	
TITLE 	<input type="checkbox"/> DELETE	4.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		4.2 NAME 	
STREET ADDRESS 		4.3 STREET ADDRESS 	
CITY-ST-ZIP 		4.4 CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE	5.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		5.2 NAME 	
STREET ADDRESS 		5.3 STREET ADDRESS 	
CITY-ST-ZIP 		5.4 CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE	6.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		6.2 NAME 	
STREET ADDRESS 		6.3 STREET ADDRESS 	
CITY-ST-ZIP 		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)