

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

002663

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90196 007 ***150.00

DOCUMENT # P97000079780

1. Corporation Name

SOUTHEAST PENINSULA PROPERTIES, INC.

Principal Place of Business

162 FLOMICH ST
HOLLY HILL FL 32117

Mailing Address

162 FLOMICH ST
HOLLY HILL FL 32117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1997

4. FEI Number

59-3471507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

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

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

9. Name and Address of Current Registered Agent

EMINOF, NECMETTIN
162 FLOMICH ST
HOLLY HILL FL 32117

10. Name and Address of New Registered Agent

81 Name **NIHAET EMINOF**

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

162 FLOMICH ST

83

84 City **HOLLY HILL**

FL

85 Zip Code **32117**

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

Nihaet Eminof

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/99

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **EMINOF, NECMETTIN**
STREET ADDRESS **162 FLOMICH ST**
CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **VP** ☐ DELETE

NAME **EMINOF, NIHAET**
STREET ADDRESS **162 FLOMICH ST**
CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **T** ☐ DELETE

NAME **BALSAMO, ROBERT**
STREET ADDRESS **266 GLENBRIAR**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

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 *** VICE PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **NECMETTIN EMINOF**

1.3 STREET ADDRESS **162 FLOMICH ST.**

1.4 CITY-ST-ZIP **HOLLY HILL FLA. 32117**

2.1 TITLE *** PRESIDENT** ☒ Change ☐ Addition

2.2 NAME **NIHAET EMINOF**

2.3 STREET ADDRESS **162 FLOMICH ST.**

2.4 CITY-ST-ZIP **HOLLY HILL FLA. 32117**

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: *Necmettin Eminof* **NECMETTIN EMINOF** **2/1/99** **(904)295-0828**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)