

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 09, 1999 8:00 am
Secretary of State

03-09-1999 90006 037 ***150.00

DOCUMENT # P97000082427

1. Corporation Name

S. E. CLINE HOLDING COMPANY, INC.

Principal Place of Business

1 FLORIDA PARK DR., S.
PALM COAST FL 32135

Mailing Address

1640 LAMBERT AVENUE
FLAGLER BEACH FL 32136
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1997

4. FEI Number

59-3471129

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 1640 LAMBERT AVE

Suite, Apt. #, etc.

22 City & State
23 FLAGLER BEACH, FL

24 Zip 32136 25 Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

KATZ, B. PAUL
1 FLORIDA PARK DR., S.
PALM COAST FL 32135

10. Name and Address of New Registered Agent

81 Name

DIANE S. CLINE

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

1640 LAMBERT AVE

83

84 City

FLAGLER BEACH

FL

85 Zip Code

32136

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

DIANE S. CLINE
(NOTE: Registered Agent signature required when reinstating)

1/25/99
DATE

12. OFFICERS AND DIRECTORS

TITLE CPVD ☐ DELETE
NAME CLINE, SAMUEL E
STREET ADDRESS 1640 LAMBERT AVENUE
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE ST D ☐ DELETE
NAME CLINE, DIANE J
STREET ADDRESS 1640 LAMBERT AVENUE
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*

DIANE S. CLINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99
Date

904-439-1356
Daytime Phone #

CR2E034 (11/98)