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FILED

Feb 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000093239 (6)

1. Corporation Name

CEGLA ENTERPRISES, INC.

Principal Place of Business

1031 W. MORSE BLVD., SUITE 105  
WINTER PARK FL 32789

Mailing Address

1031 W. MORSE BLVD., SUITE 105  
WINTER PARK FL 32789



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1997

4. FEI Number

58-2350664

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1700 TAMiami BLVD

Suite, Apt. #, etc.

22 SUITE G-5

City & State

23 PORT CHARLOTTE

Zip

24 33448

Country

25 CHARLOTTE

2a. Mailing Address

26 2390 MAURITANIA RD.

Suite, Apt. #, etc.

27

City & State

28 PUNTA GORDA FL

Zip

29 33483

Country

30 CHARLOTTE

9. Name and Address of Current Registered Agent

WEATHERFORD, WILLIAM P JR.  
1031 W. MORSE BLVD., SUITE 105  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

SAME

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

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 *Laura Grosskreutz* LAURA GROSSKREUTZ, SECTY/TRES. 2/8/98

(Type, print, or stamp name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
GROSSKREUTZ, CARL E  
STREET ADDRESS 5117 EAGLE NEST DR.  
CITY-ST-ZIP ARLINGTON TX 76017

TITLE ☐ DELETE

NAME D  
GROSSKREUTZ, LAURA S  
STREET ADDRESS 5117 EAGLE NEST DR.  
CITY-ST-ZIP ARLINGTON TX 76017

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 PRESIDENT  
CARL E. GROSSKREUTZ  
1.3 STREET ADDRESS 2390 MAURITANIA RD.  
1.4 CITY-ST-ZIP PUNTA GORDA, FL 33483

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME SECTY/TRES.  
LAURA S. GROSSKREUTZ  
2.3 STREET ADDRESS 2390 MAURITANIA RD.  
2.4 CITY-ST-ZIP PUNTA GORDA, FL 33483

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.

SIGNATURE:

*Laura Grosskreutz* LAURA GROSSKREUTZ, SECTY/TRES

CR2E034 (10/97)