

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
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90135 006 ***158.75

DOCUMENT # P97000108796

1. Corporation Name

M.B. MCKEE COMPANY

Principal Place of Business

~~1145 GULF OF MEXICO DR. #103~~
~~LONGBOAT KEY FL 34228~~

Mailing Address

~~1145 GULF OF MEXICO DR. #103~~
~~LONGBOAT KEY FL 34228~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1997

2. Principal Place of Business

2a. Mailing Address

21 2399 Gulf of Mexico Drive

26 2399 Gulf of Mexico Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3A3

27 3A3

City & State

City & State

23 Longboat Key, FL

28 Longboat Key, FL

Zip

Zip

Country

Country

24 34228 25 USA

29 34228 30 USA

4. FEI Number

05-0804179

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DARNELL, ROBERT W
2033 MAIN ST., SUITE 406
SARASOTA FL 34237

81 Name

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

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 ☐ DELETE
NAME MCKEE, MIKE B
STREET ADDRESS 1145 GULF OF MEXICO DR., #103
CITY-ST-ZIP LONGBOAT KEY FL 34228

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2399 Gulf of Mexico Drive, #3A3
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MCKEE, M. PAULETTE
STREET ADDRESS 1145 GULF OF MEXICO DR., #103
CITY-ST-ZIP LONGBOAT KEY FL 34228

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2399 Gulf of Mexico Drive, #3A3
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/99

941/383/3977