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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S37362** 1. Corporation Name

DAN SEEGERS, INC.

Principal Place of Business

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90065 029 ***150.00



Mailing Address 540 WEST FAIRBANKS AVENUE 540 WEST FAIRBANKS AVENUE WINTER PARK FL 32789 WINTER PARK FL 32789 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/12/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3054763 -Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip This corporation owes the current year Intangible ¥∐ Yes □No 30 Personal Property Tax. 25 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SEEGERS, DANNY 82 Street Address (P.O. Box Number is Not Acceptable) 540 WEST FAIRBANKS AVENUE WINTER PARK FL 32789 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE 1.1 TITLE ☐ Change TITLE SEEGERS, DANNY 1.2 NAME NAME 2710 RIDDLE DRIVE STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change □ DELETE ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE TOTAL ST 5.2 NAME NAME: 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 of 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 18 if changed, of on an artist ment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: