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

**FILED** PROFIT Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S91599 (8)CECIL GEE COMPANY Principal Place of Business Mailing Address 607 E CANAL ST 607 E CANAL ST MULBERRY FL 33860 MULBERRY FL 33860 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/01/1991 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 59-3091557 Not Applicable 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 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Ζiρ Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHAH, SYED J. 1330 N WILSON AVE #412 Street Address (P.O. Box Number is Not Acceptable) BARTOW FL 33830 83 84 City 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 (NOT. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1 1 TiTLE TITLE SHAH, SYED J. NAME 1.2 NAME 1330 N WILSON AVE #412 STREET ADDRESS 1.3 STREET ADDRESS BARTOW FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP

6.1 TITLE 6.2 NAME

**6.3 STREET ADDRESS** 

6.4 CITY - ST-ZIP

14. I hereby certify that the information supplied with this tiling 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

**DELETE** 

nont with an address

Change

Addition

SIGNATURE

officer or director of the corp Block 12 or Block 13 if chan

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

941 425-2974