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**May 12, 1999 8:00 am**  
**Secretary of State**

05-12-1999 90001 022 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **H01490**

1. Corporation Name  
**SOUTH EAST LONG LINE, INC.**



Principal Place of Business  
**3314 HENDERSON BLVD 100-B  
 TAMPA FL 33609-2954**

Mailing Address  
**3314 HENDERSON BLVD 100-B  
 TAMPA FL 33609-2954**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 **HILLSBOROUGH**

30

3. Date Incorporated or Qualified

**04/24/1984**

4. FEI Number

**59-2401424**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAM K. ELMORE  
 3314 HENDERSON BLVD 100B  
 TAMPA FL 33609**

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 William K. Elmore **WILLIAM K. ELMORE** **4-28-99**  
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 **ANDERSON, KEN**  
 STREET ADDRESS **3314 HENDERSON BLVD 100B**  
 CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **DIRECTOR**  Change  Addition  
 1.2 NAME **KARKLINS, MICHAEL**  
 1.3 STREET ADDRESS **12608 50. MILITARY TRAIL**  
 1.4 CITY-ST-ZIP **BOYTON BEACH, FL. 33436**

TITLE **D**  DELETE  
 NAME **PEPPEL, JERRY**  
 STREET ADDRESS **3314 HENDERSON BLVD 100B**  
 CITY-ST-ZIP **TAMPA FL**

2.1 TITLE **DIRECTOR**  Change  Addition  
 2.2 NAME **PEPPEL, JERRY**  
 2.3 STREET ADDRESS **2016 N/2 23RD AVE**  
 2.4 CITY-ST-ZIP **GAINESVILLE, FL. 32629**

TITLE **D**  DELETE  
 NAME **EUBANKS, ROBERT**  
 STREET ADDRESS **3314 HENDERSON BLVD 100B**  
 CITY-ST-ZIP **TAMPA FL**

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

TITLE **D**  DELETE  
 NAME **GLUECK, BILL**  
 STREET ADDRESS **3314 HENDERSON BLVD 100B**  
 CITY-ST-ZIP **TAMPA FL**

4.1 TITLE **DIRECTOR**  Change  Addition  
 4.2 NAME **GLUECK, BILL JR.**  
 4.3 STREET ADDRESS **4801 FREYMOORE ST**  
 4.4 CITY-ST-ZIP **OSPREY FL 34229**

TITLE **PD**  DELETE  
 NAME **MOORE, SANDRA**  
 STREET ADDRESS **3314 HENDERSON BLVD, 100-B**  
 CITY-ST-ZIP **TAMPA FL**

5.1 TITLE **BOARD MEMBER**  Change  Addition  
 5.2 NAME **MOORE SANDRA**  
 5.3 STREET ADDRESS **330 14TH ST.**  
 5.4 CITY-ST-ZIP **HOLLY HILL, FL. 32117**

TITLE **P.D.**  DELETE  
 NAME **GEORGE GARDNER JR**  
 STREET ADDRESS **2090 N/W 21ST ST**  
 CITY-ST-ZIP **POMPANO BEACH, FL 33069**

6.1 TITLE **DIRECTOR**  Change  Addition  
 6.2 NAME **TIM McMILLON**  
 6.3 STREET ADDRESS **3300 SPARKMAN AVE**  
 6.4 CITY-ST-ZIP **ORANGE CITY, FL.**

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: George Gardner Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GEORGE GARDNER JR. PRESIDENT**

**4/28/99** **813-876-7113**  
Date Daytime Phone #

CR2E034 (11/98)