

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

**FILED**

**Jan 14 1997 8:00am  
Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

**DOCUMENT # 578363**

**(4)**

1. Corporation Name  
**MEISER CONSTRUCTION, INC.**



Principal Place of Business  
**754 OLD DIXIE HIGHWAY  
VERO BEACH FL 32962**

Mailing Address  
**754 OLD DIXIE HIGHWAY  
VERO BEACH FL 32962-1633**

<b>3.</b> Date Incorporated or Qualified <b>07/12/1978</b>	<b>3a.</b> Date of Last Report <b>02/15/1996</b>
<b>4.</b> FEI Number <b>59-1844683</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21.</b> Suite, Apt. #, etc	<b>26.</b> Suite, Apt. #, etc
<b>22.</b> City & State	<b>27.</b> City & State
<b>23.</b> Zip	<b>28.</b> Zip
<b>24.</b> Country	<b>30.</b> Country

<b>9. Name and Address of Current Registered Agent</b> <b>MEISER, MARTIN 645 GLENVIEW TERRACE VERO BEACH FL 32962</b>	<b>10. Name and Address of New Registered Agent</b>
<b>81.</b> Name	
<b>82.</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83.</b>	
<b>84.</b> City	<b>FL</b> <b>85.</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MEISER, MARTIN</b>		1.2 NAME	
STREET ADDRESS <b>645 GLENVIEW TERRACE</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>VERO BEACH, FL 00000</b>		1.4 CITY - ST - ZIP	<b>32962</b>
TITLE <b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEGGETT, DOROTHY (ASST)</b>		2.2 NAME	<b>ASST. SEC. - DOROTHY LEGGETT</b>
STREET ADDRESS <b>425 27TH DRIVE</b>		2.3 STREET ADDRESS	<b>1932 26TH AVE.</b>
CITY - ST - ZIP <b>VERO BEACH, FL 00000</b>		2.4 CITY - ST - ZIP	<b>VERO BEACH, FL 32940</b>
TITLE <b>VS</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MEISER, DOROTHY</b>		3.2 NAME	
STREET ADDRESS <b>645 GLENVIEW TERRACE</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>VERO BEACH, FL 00000</b>		3.4 CITY - ST - ZIP	<b>32962</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

**14.** I do 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:** *Dorothy Meiser* **1-6-97 (541) 562-1036**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)