

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 07 1997 8:00am
Secretary of State

DOCUMENT # 747442 (2)

1. Corporation Name

M. E. IRIS, INC.

Principal Place of Business

Mailing Address

5619 BENT OAK DR
STE B
SARASOTA FL 34232
US

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STE B
SARASOTA FL 34232
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/31/1979

3a. Date of Last Report
01/26/1996

4. FEI Number

59-2929779

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 6626 Kestrel Circle

2a. Mailing Address

26 6626 Kestrel Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Fort Myers FL

City & State

28 Fort Myers FL

Zip

24 33912

Country

25 U.S.A.

Zip

29 33912

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

MANGUM, KEVIN E
940 HIGHLAND AVE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name KEVIN E. MANGUM

82 Street Address (P.O. Box Number Is Not Acceptable)

390 N. ORANGE AVE

83 STE 800

84 City ORLANDO

FL 85 Zip Code 32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE PD
NAME MANGUM, KEVIN E
STREET ADDRESS 940 HIGHLAND AVE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE VD
NAME DEWOODY, DONALD K JR
STREET ADDRESS 5416 54 WAY
CITY-ST-ZIP W PALM BCH FL ☐ DELETE

TITLE SD
NAME BESHEARS, DAVID W
STREET ADDRESS 3015 YSABELLA B
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE TD
NAME MEDINA, JOHN A
STREET ADDRESS 5619 BENT OAK DR
CITY-ST-ZIP SARASOTA FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME MANGUM KEVIN E.
1.3 STREET ADDRESS 390 N. ORANGE AVE, STE 800
1.4 CITY-ST-ZIP ORLANDO FL 32801 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

5.1 TITLE SD
5.2 NAME ROBERT J. MURPHY JR.
5.3 STREET ADDRESS 1061 FOUNTAIN GLEN DR.
5.4 CITY-ST-ZIP LAWRENCEVILLE GA 30043 ☐ Change ☒ Addition

6.1 TITLE TD
6.2 NAME TODD JURKOWSKI
6.3 STREET ADDRESS 6626 KESTREL CIRCLE
6.4 CITY-ST-ZIP FORT MYERS, FL 33912 ☐ Change ☒ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE KEVIN E. MANGUM

8/2/97 425-3591

CR2E037 (4/97)