

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Oct 07 1998 8:00am⁸
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747442** (2)

1. Corporation Name

M. E. IRIS, INC.

Principal Place of Business

**6626 KESTREL CIRCLE
FT MYERS FL 33912
US**

Mailing Address

**6626 KESTREL CIRCLE
FT MYERS FL 33912
US**

3. Date Incorporated or Qualified

05/31/1979

4. FEI Number

59-2929779

Applied For

Not Applicable

2. Principal Place of Business

21 5245-17 Red Cedar Drive

Suite, Apt. #, etc.

22

City & State

23 Fort Myers, FL

Zip

24 33907

Country

25 U.S.A.

2a. Mailing Address

26 5245-17 Red Cedar Drive

Suite, Apt. #, etc.

27

City & State

28 Fort Myers, FL

Zip

29 33907

Country

30 U.S.A.

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

**MANGUM, KEVIN E
390 N ORANGE AVE
SUITE 800
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

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 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** ☐ DELETE
NAME **MANGUM, KEVIN E**
STREET ADDRESS **390 N ORANGE AVE., SUITE 800**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **SD** ☐ DELETE
NAME **MURPHY, ROBERT J JR**
STREET ADDRESS **1081 FOUNTAIN GLEN DR**
CITY-ST-ZIP **LAWRENCEVILLE GA**

TITLE **TD** ☐ DELETE
NAME **JURKOWSKI, TODD**
STREET ADDRESS **6626 KESTREL CIRCLE**
CITY-ST-ZIP **FT MYERS FL**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **5245-17 Red Cedar Drive**
4.4 CITY-ST-ZIP **Fort Myers, FL 33907**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)