


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90065 030 ****61.25

0060012

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 747442

1. Corporation Name

M. E. IRIS, INC.

Principal Place of Business

5247-17 RED CEDAR DRIVE
 FT MYERS FL 33907
 US

Mailing Address

5245-17 RED CEDAR DRIVE
 FT MYERS FL 33907
 US



2. Principal Place of Business 21 3234 EARL DRIVE Suite, Apt. #, etc. 22 City & State 23 TALLAHASSEE FL Zip Country 24 32308 25 LEON	2a. Mailing Address 26 3234 EARL DRIVE Suite, Apt. #, etc. 27 City & State 28 TALLAHASSEE FL Zip Country 29 32308 30 LEON	3. Date Incorporated or Qualified 05/31/1979 4. FEI Number 59-2929779 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution
---	--	---

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGUM, KEVIN E	1.2 NAME	
STREET ADDRESS	390 N ORANGE AVE., SUITE 800	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWOODY, DONALD K JR	2.2 NAME	MURPHY, ROBERT J JR
STREET ADDRESS	5416 54 WAY	2.3 STREET ADDRESS	1061 FOUNTAIN GLEN DR
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	LAWRENCEVILLE GA
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, ROBERT J JR	3.2 NAME	JURKOWSKI, TODD
STREET ADDRESS	1061 FOUNTAIN GLEN DR	3.3 STREET ADDRESS	5245-17 RED CEDAR DRIVE
CITY-ST-ZIP	LAWRENCEVILLE GA	3.4 CITY-ST-ZIP	FT MYERS FL 33907
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JURKOWSKI, TODD	4.2 NAME	BUTLER, ROBERT
STREET ADDRESS	5245-17 RED CEDAR DRIVE	4.3 STREET ADDRESS	3234 EARL DRIVE
CITY-ST-ZIP	FT MYERS FL 33907	4.4 CITY-ST-ZIP	TALLAHASSEE FL 32308
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 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, with all other like empowered.

SIGNATURE: **Robert C. Butler** RECORDED **ROBERT C. BUTLER** 2/15/99 850/224-4407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)