

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F95000006180

1. Corporation Name
MEISTER PUBLISHING CO.

Principal Place of Business
37733 EUCLID AVE.
WILLOUGHBY OH 44094

Mailing Address
37733 EUCLID AVE.
WILLOUGHBY OH 44094

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90155 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

4. FEI Number

34-0065290

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

MONAHAN, JOE
1555 HOWELL BRANCH RD
#C204
WINTER PARK FL 32789

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 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

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 C ☐ DELETE

NAME MEISTER, RICHARD T
STREET ADDRESS 37733 EUCLID AVE.
CITY-ST-ZIP WILLOUGHBY OH 44094

TITLE DP ☐ DELETE

NAME FITZGERALD, GARY T
STREET ADDRESS 37733 EUCLID AVE.
CITY-ST-ZIP WILLOUGHBY OH 44094

TITLE DS ☐ DELETE

NAME WILSON, SCOTT R
STREET ADDRESS 37733 EUCLID AVE.
CITY-ST-ZIP WILLOUGHBY OH 44094

TITLE V ☐ DELETE

NAME SINE, CHARLOTTE
STREET ADDRESS 37733 EUCLID AVE.
CITY-ST-ZIP WILLOUGHBY OH 44094

TITLE T ☐ DELETE

NAME MILLER, WILLIAM
STREET ADDRESS 37733 EUCLID AVE.
CITY-ST-ZIP WILLOUGHBY OH 44094

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

4.4 CITY-ST-ZIP

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 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: X

GARY T FITZGERALD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99
Date

(440) 942-2000
Daytime Phone #

CR2E034 (11/98)