## 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** 

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90056 017 \*\*\*150.00

## DOCUMENT # K00174

1. Corporation Name

DENNIS	W. MEYER, INC.									
Principal Place	e of Business	Mailing Address				-	DIEH WIGH BLUM	31811 B18		
2600 24 ST NO 2600 24 ST NO										
ST PETERSBURG DL 33713 ST PETERSBURG FL 33713						DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualifed				
		-				10/28/1987			ţ	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		App	lied For	
21	·	26				59-2856811		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			ditional	
22		27				5. Certificate of Status Desired Fee Required				
City & Stat	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution		ided to	Fees	
Žip 	Country	Zip		intry		8. This corporation owes the current ye	ear Intangible Yes⊡	, г	⊒No	
24	25	29	30			Personal Property Tax.  10. Name and Address of New Regis				
	9. Name and Address of Curren	it Kegisterau Agant		81 N	lame	10. Name and Address of New Yorks				
MEYER, DENNIS W.										
	24 ST NO		-	82 S	street Addre	ss (P.O. Box Number is Not Acceptable)				
ST P	PETERSBURG FL 33713			83					-	
							Isal			
	$\wedge$ . 1				City		FL  85	Zip Co	ł	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the a	bove-na	amed corpo	ration submits this statement for the purpor's board of directors. I hereby accept the	ose of changir	ng its r	egistered	
office or r	egistered adery, or both in the State of	of Florida. Such change was a tions of Section 607.0505. Flo	uthorized rida Stati	l by the utes.	corporation	's board of directors. I hereby accept the	appointment	as regi	stered	
	/			-						
SIGNATURE	Signature, typics of printed name of registared agen	nt and title if applicable. (NOTE	: Registered	Agent sig	nature required		ATE			
12.	<u></u>	PORECTORS	13.			ADDITIONS/CHANGES TO OFFICE			RS IN 12	
TITLE	PD	☐ DELETE	1.1 TI				☐ Cha	ange	L. Addition	
NAME	MEYER, DENNIS W.		1.2 N						ł	
STREET ADDRESS				1.3 STREET ADDRESS					[	
CITY-ST-ZIP	ST PETERSBURG FL			TY-ST-Zil	Р		☐ Cha	2000	Addition	
TITLE	VP			2.1 TITLE				ango		
NAME .	NOLES, SHARI L		2.2 N							
STREET ADDRESS				TREET ADI						
CITY-ST-ZIP	PINELLAS PARK FL 33781	☐ DELETE	2. 4 C	ITY-ST-Z	IP		Chi	ange	Addition	
TITLE		- V-LL-12	3.2 N						-	
NAME				TREET ADI	npeee					
STREET ADDRESS				iTY-ST-ZI						
CITY-ST-ZIP TITLE		□ DELETE	4.1 TI				☐ Ch	ange	Addition	
NAME		_	4. 2 N							
STREET ADDRESS				TREET ADI	DRESS				}	
CITY-ST-ZIP				TY-ST-ZI		•			1	
TITLE		☐ DELETE	5.1 TI		-	,	□ Ch	ange	Addition	
NAME			5.2 N		ŀ					
STREET ADDRESS			5.3 \$	TREET AD	DRESS					
CITY-ST-ZIP	į		5.4 C	MY-ST-ZI	Р	_				
TITLE		☐ DELETE	6.1 Ti	TLE			Ch	ange	☐ Addition	
NAME			6.2 N	AME					ŀ	
STREET ADDRESS			6.3 S	TREET ADI	DRESS					

CITY-ST-ZIP. 14. hereby certify that the Information supplied with his 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 suppliemental innual 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 of 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 crianged, or an attainment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

r<del>e regun</del>ed SIGNATURE ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #