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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 22, 1999 8:00 am Secretary of State

	1999 `	DIVISION OF CORPORATIONS						03-22-1999 90047 041 ***150.00				
	MENT # P31	389				······•						
MESZAR	OS STORES, INC.											
Principal Place	of Business	Mai	ling Address				\neg	i illatifikan tan itian ilaan maki il		MET BIRT BIRT BI	All Affit legi	
13120 LILLIAN WAY % DON KOONTZ, JR.							ł					
PENSACOLA FL 32506			P.O. DRAWER 248					DO NOT WR	ITE IN THIS	SPACE		
US ELBERTA AL 36530								3. Date Incorporated or Qualifed				
								10/03/1990				
2. Principal Pl	ace of Business	2a.	Mailing Address		-		\dashv	4. FEI Number		Apr	lied For	
21		26	•					63-0947144		Not	Applicable	
Suite, Apt.	#, etc		Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A	I	
22		27						Certificate of Otation Desired		Fee Rec	uired	
City & State	9		City & State				İ	6. Election Campaign Financing		\$5.00	•	
23		28						Trust Fund Contribution		Added to	Fees	
Zip	Country 25	29	Zip	30	intry			This corporation owes the current Personal Property Tax.	rent year Int		□No Ì	
24	9. Name and Address o			30				10. Name and Address of New i	Registered			
					81	Name		nue.	<u> </u>		$\neg \neg$	
Carlisle, Herbert						Ctroot Ad	Idrood	s (P.O. Box Number is Not Accept	oble)			
964 SANDY BAY DRIVE					82 Street Add			s (P.O. BOX Number is Not Accept	aule)			
PENSACOLA FL 32506					83			,				
					84	City				85 Zip C	ode -	
						•			FL	_		
11. Pursuant	to the provisions of Sections	607.0502 and 60	7.1508, Florida Statute	es, the a	bove	-named co	rpora	tion submits this statement for the board of directors. I hereby acce	purpose of	changing its	registered	
agent. I a	n familiar with, and accept in	ne obligations of,	Section 607.0505, Flor	rida Stati	utes.	ne corpora	1000	boald of directors. Thereby acce	prine appoi	- Italicia as reg	istorea	
SIGNATURE TO STOCKE WORKING IN						4		<u>_ 3-</u>	11-9	9	\	
12.				Registered	Agent	signature requ	rired wh	nen reinstating) ADDITIONS/CHANGES TO OF	DATE SECOND	ID DIRECTO	25 IN 12	
TITLE	PD OFFIC	ERS AND DIREC	DELETE	1,1 TI	ΠF			AUDITIONS/CHANGES TO OF	TICENO AI	Change	Addition	
NAME	MESZAROS, ROBERT II		- Date: •	1.2 N		Ì					_ }	
STREET ADDRESS	15806 CO RD 87					ADDRESS						
CITY-ST-ZIP	ELBERTA AL				TY-ST	1					ļ	
TITLE	TD		☐ DELETE	2.1 TI						Change	Addition	
NAME	MERCHANT, MARY			2.2 N	AME							
STREET ADDRESS	27722 TOTSCH LN			2.3 S1	TREET	ADDRESS					1	
CITY-ST-ZIP	ELBERTA-AL			2.4 C	ITY-S	T-ZIP _						
TITLE	D		☐ DELETE	3.1 ∏	TLE	İ		• •••	ر س ود به دین در	Change	⁻	
NAME	MESZAROS, ROBERT II			3.2 N		,					,	
STREET ADDRESS	15806 CO RD 87					ADDRESS					ĺ	
CITY-ST-ZIP	ELBERTA AL		El priere		rty-\$1 	r-ZIP	_			Change	Addition .	
TITLE	SD MEDOLIANE MELCOLIA		DELETE	4.1 TI								
NAME	MERCHANT, HELEN M.			4.2 N		*DDDE00				•		
STREET ADDRESS	10287 CO RD 95					ADDRESS :		•			1	
CITY-ST-ZIP TITLE	ELBERTA AL		☐ DELETE	4.4 C	TY-ST	-2F			_	☐ Change	Addition	
NAME				5.2 N/		Į		•		_ •	_ [
STREET ADDRESS						ADDRESS					1	
CITY-ST-ZIP				5.4 CI	TY-ST	-ziP						
TITLE			☐ DELETE	6.1 71	TLE			<u> </u>		Change	☐ Addition	

6.4 CITY-ST-ZIP 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 porporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS