

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90027 045 \*\*\*150.00

UNL0517D

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 177593**

1. Corporation Name  
**MEIGHEN & MEIGHEN INC**

Principal Place of Business

4213 CULBREATH AVE  
 P. O. BOX 320385  
 TAMPA FL 33679

Mailing Address

4213 CULBREATH AVE  
 P. O. BOX 320385  
 TAMPA FL 33679



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1954

4. FEI Number

59-6066178

Applied For  
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

MEIGHEN, M R  
 4213 CULBREATH AVE.  
 TAMPA FL 33609

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  DELETE

NAME D  
 MEIGHEN, REX  
 STREET ADDRESS 4213 CULBREATH AVE.  
 CITY-ST-ZIP TAMPA, FL 00000

TITLE  DELETE

NAME D  
 MEIGHEN, GARY G  
 STREET ADDRESS 4213 CULBREATH AVE.  
 CITY-ST-ZIP TAMPA, FL 00000

TITLE  DELETE

NAME PSD  
 MEIGHEN, M R  
 STREET ADDRESS 4213 CULBREATH AVE.  
 CITY-ST-ZIP TAMPA, FL 00000

TITLE  DELETE

NAME D  
 TILLIS, MARTHA K  
 STREET ADDRESS 4213 CULBREATH AVE.  
 CITY-ST-ZIP TAMPA FL 33609

TITLE  DELETE

NAME D  
 CLAMON, PATRICIA A  
 STREET ADDRESS 4213 CULBREATH AVE.  
 CITY-ST-ZIP TAMPA FL 33609

TITLE  DELETE

NAME D  
 JONES, BARBARA  
 STREET ADDRESS 4213 CULBREATH AVE.  
 CITY-ST-ZIP TAMPA FL 33609

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:

*M.R. Meighen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-99

813-2891253

Date

Daytime Phone #

CR2E034 (1/98)