

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 15 1997 8:00am
Secretary of State

DOCUMENT # 326421 (5)

1. Corporation Name
MEWS SOUTH INC

Principal Place of Business
6833 NORTH OCEAN BOULEVARD
OCEAN RIDGE FL 33435

Mailing Address
6833 NORTH OCEAN BOULEVARD
OCEAN RIDGE FL 33435-3332



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

9. Name and Address of Current Registered Agent

FARR, MARY LOU
6849 N. OCEAN BLVD.
OCEAN RIDGE FL 33435

3. Date Incorporated or Qualified
02/14/1968

3a. Date of Last Report
05/29/1996

4. FEI Number

59-1286220

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

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 *Mary Lou Farr*
Signature, typed or printed name of registered agent and title if applicable

Sandra B. Mortham
(NOTE: Registered Agent signature required when reinstating)

6/10/97
DATE

12. OFFICERS AND DIRECTORS

TITLE DT
NAME MILES, A. STEVENS
STREET ADDRESS 6849 N. OCEAN BLVD.
CITY-ST-ZIP OCEAN RIDGE FL

☐ DELETE

TITLE D
NAME CONNOLLY, FRANK MRS.
STREET ADDRESS 6849 N OCEAN BLVD
CITY-ST-ZIP OCEAN RIDGE FL

☐ DELETE

TITLE S
NAME FARR, MARY LOU
STREET ADDRESS 6849 N OCEAN BLVD
CITY-ST-ZIP OCEAN RIDGE FL

☐ DELETE

TITLE D
NAME HOOVER, JOSEPH
STREET ADDRESS 6849 N OCEAN BLVD
CITY-ST-ZIP OCEAN RIDGE FL

☒ DELETE

TITLE DV
NAME SULLIVAN, ROBERT
STREET ADDRESS 6849 N OCEAN BLVD.
CITY-ST-ZIP OCEAN RIDGE FL

☐ DELETE

TITLE PD
NAME NOLTE, H.R.
STREET ADDRESS 6849 N OCEAN BLVD
CITY-ST-ZIP OCEAN RIDGE FL

☐ DELETE

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

D Andrew Mackechnie
6849 N. Ocean Blvd
Ocean Ridge, FL 33435

000002239050
-07/16/97--01010--028
***165.00

100002239051
-07/16/97--01010--028
***385.00

14. I do 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.

CR2E034 (9/96)