

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

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

02-20-1999 90157 038 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 326421

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1968

4. FEI Number

59-1286220

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐

Yes

☐

No

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

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*

MARY LOU FARR

4/99

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
MACKECHNIE, ANDRES  
STREET ADDRESS  
6849 N OCEAN BLVD  
CITY-ST-ZIP  
OCEAN RIDGE FL 33435

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

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:

*Mary Lou Farr*

4/99

561-737-6770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)