

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 377949 (3)

1. Corporation Name

D.R. MEAD & COMPANY



Principal Place of Business

Mailing Address

~~XXXXXX~~
~~XXXXXX~~
~~XXXXXX~~

~~XXXXXX~~
~~XXXXXX~~
~~XXXXXX~~

4990 S.W. 72 AVE. #105
MIAMI, FLORIDA 33155

4990 S.W. 72 AVE. #105
MIAMI, FLORIDA 33155

2. Principal Place of Business

2a. Mailing Address

21 4990 S.W. 72 AVENUE.

26 4990 S.W. 72 AVENUE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #105

27 #105

City & State

City & State

23 MIAMI, FLORIDA.

28 MIAMI, FLORIDA.

Zip

Country

24 33155

25 DADE

Zip

Country

29 33155

30 DADE

3. Date Incorporated or Qualified

02/26/1971

3a. Date of Last Report

05/23/1995

4. FEI Number

59-1387066

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEAD JR, RICHARD D.

~~1900 DISCAYNE BLVD~~
~~MIAMI FL 33132~~

81 Name

MEAD JR, RICHARD D.

82 Street Address (P.O. Box Number is Not Acceptable)

4990 S.W. 72 AVENUE .

83

105

84 City

MIAMI,

FL

85

Zip Code
33155

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS ☐ DELETE
NAME HAMILL, CATHERINE MEAD
STREET ADDRESS ~~1900 DISCAYNE BLVD~~
CITY-ST-ZIP ~~MIAMI FL 33132~~

1.1 TITLE DS ☒ Change ☐ Addition
1.2 NAME HAMILL, CATHERINE MEAD.
1.3 STREET ADDRESS 4990 S.W. 72 AVENUE. #105
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33155

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE PD ☐ Change ☒ Addition
2.2 NAME D.R. MEAD, JR.
2.3 STREET ADDRESS 4990 S.W. 72 AVENUE. # 105
2.4 CITY-ST-ZIP MIAMI, FLORIDA 33155

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Da:me Phone #

CR2E034 (12/95)