FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 FEB 24 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 417622 **(8)**

1. Corporation Name
MELEE INC

Principal Place of Business	Mailing Address
16 TAR HEEL RD. MAGGIE VALLEY NC 28751	16 TAR HEEL RD. MAGGIE VALLEY NC 28751

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/29/1973**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **59-1448609** ☐ 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

9. Name and Address of Current Registered Agent

Winter Residence
EASTMAN, BEN O
~~2713 NE LAKEVIEW DR.~~
~~SEBRING FL 33870~~

The Circle is my Summer
16 TAR HEEL RD Residence
MAGGIE VALLEY, NC
28751

2713 NE LAKEVIEW DR
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	EASTMAN, WARNER	12 NAME	EASTMAN, ESTHER
STREET ADDRESS	2532 DAVIS CIR.	13 STREET ADDRESS	2532 DAVIS CIRCLE
CITY-ST-ZIP	SEBRING FL 33870	14 CITY-ST-ZIP	SEBRING FL 33870
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	MENDENHALL, J.D.	22 NAME	
STREET ADDRESS	17208 HELEN K. DR.	23 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34610	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	LOWE, MARGUERIETTE	32 NAME	
STREET ADDRESS	502 S. MAIN ST.	33 STREET ADDRESS	
CITY-ST-ZIP	WINCHESTER IN 47394	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	EASTMAN, BEN O.	42 NAME	
STREET ADDRESS	16 TAR HELL RD.	43 STREET ADDRESS	
CITY-ST-ZIP	MAGGIE VALLEY NC 28751	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	$ Deposited by Bank

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)(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.

SIGNATURE: Ben O Eastman BEN O. EASTMAN 1/20/95 764-926-7125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LW 2-24-95

0417622