03-01-1999 90253 009 \*\*\*300.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # 418835 MES, INC.				
Principal Place	of Rusiness	Mailing Address			T (40)(1) BIREN NOON (2000 NEED) BENT ALBEN BIBEN BIBEN BIBEN BIBEN BIBEN BIBEN BIBEN
3720 KORI ROAD 3720 KORI ROAD 3720 KORI ROAD JACKSONVILLE FL 32257 JACKSONVILLE FL 32257					
JACKSONVILLE	FL 32231	DAOROGITIELE TE SEEST			DO NOT WRITE IN THIS SPACE
					Date Incorporated or Qualified 02/12/1973
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For
21		26	26		NOT APPLICABLE Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
27					5. Certifcate of Status Desired  Fee Required
City & State		City & State			6. Election Campaign Financing S5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country		Zip	Country		8. This corporation owes the current year Intangible
	25	ļ '	10		Personal Property Tax. Yes No
24	9. Name and Address of Current	11			10. Name and Address of New Registered Agent
	9. Name and Address or Correct	registered rigorit	81	Name	
FOLDS, SAM J., JR.					
3720 KORI ROAD			82 Street Add		eet Address (P.O. Box Number is Not Acceptable)
			-	ļ	
JACKSONVILLE FL 32257			83		
			84	City	FL 85 Zip Code
office or re agent. I ar	egistered agent, or both, in the State α π familiar with, and accept the obligat	of Florida. Such change was autions of, Section 607.0505, Florid	norized by ta Statutes	ine corp	ned corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered agent		13.	nt signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	D DIRECTORS	1.3. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ beceie			
NAME	FOLDS, SAM J., JR.		1.2 NAME		
STREET ADDRESS	3720 KORI ROAD		1.3 STREET ADDRESS		iss
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-S	T-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FOLDS, MARJORIE R.		2.2 NAME		
STREET ADDRESS	3720 KORI ROAD		2.3 STREE	T ADDRESS	ESS
CITY-ST-ZIP	JACKSONVILLE FL	_	2. 4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME.			32 NAME		
STREET ADDRESS			3.3 STREE	T ADDRESS	FSS
CITY-ST-ZIP			3.4. CITY-5		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
1 1				T ADDRESS	Fee
STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE		_ 5222.2	5.2 NAME		
NAME				T ADDRESS	FSS
STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY- S	11-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		

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 of an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR