

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 488710 (5)

1. Corporation Name

MEISTER & ASSOCIATES, INC.

NEW ADDRESS:
MEISTER & ASSOCIATES, INC.
1101 GULF BREEZE PKWY., BOX 41
GULF BREEZE, FL 32561-4862
PH (904) 932-0422 FAX (904) 932-7158

Principal Place of Business

NEW ADDRESS:

Mailing Address:

MEISTER & ASSOCIATES, INC.
1101 GULF BREEZE PKWY., BOX 41
GULF BREEZE, FL 32561-4862
PH (904) 932-0422 FAX (904) 932-7158

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/28/1975

3a. Date of Last Report

08/03/1994

4. FEI Number

59-1630895

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

2. Principal Place of Business

21 1101 Gulf Breeze Pkwy
Suite, Apt. #, etc. #41
22 Gulf Breeze, FL
City & State

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Zip

31 Country

9. Name and Address of Current Registered Agent

MEISTER, CHARLES L
1101 GULF BREEZE PKWY., BOX 41
GULF BREEZE, FL 32561-4862
PH (904) 932-0422 FAX (904) 932-7158

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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

Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	MEISTER, JEANNETTE M
STREET ADDRESS	4766 HICKORY SHORES BLVD
CITY - ST - ZIP	GULF BREEZE, FL 32561
TITLE	PD
NAME	MEISTER, CHARLES L
STREET ADDRESS	1101 GULF BREEZE PKWY., BOX 41
CITY - ST - ZIP	GULF BREEZE, FL 32561-4862
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 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:

Jeannette M. Meister Secretary/Treasurer 4/12/95
Jeannette M. Meister Secretary (904) 932-0422