

FILE NOW: FILE AFTER MAY 1 1994

CORPORATION ANNUAL REPORT 1995

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



APPROVED AND FILED

05 MAY 11 AM 8:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 602709 (8)

1. Corporation Name
MEYERS & MOONEY, P.A.

Principal Place of Business: **17 S LAKE AVE ORLANDO FL 32801**

Mailing Address: **17 S LAKE AVE ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/01/1971**

3a. Date of Last Report: **03/22/1994**

4. FEI Number: **59-1315545**

Applied For: Yes No

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under the 1991 U.S. Florida Statutes: Yes No

2. Previous Place of Business: 26. Mailing Address

21. State Apt # etc: 27. State Apt # etc

22. City & State: 28. City & State

23. Zip: 29. Zip

24. Country: 30. Country

9. Name and Address of Current Registered Agent

MOONEY, THOMAS R
17 S LAKE AVE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0602 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: _____

12. OFFICERS AND DIRECTORS

1. TITLE: **PSD**

1. NAME: **MEYERS, IRVIN A**

1. STREET ADDRESS: **17 S LAKE AVE**

1. CITY & STATE: **ORLANDO, FL 00000**

2. TITLE: **VTD**

2. NAME: **MOONEY, THOMAS R**

2. STREET ADDRESS: **17 S LAKE AVE**

2. CITY & STATE: **ORLANDO, FL 00000**

3. TITLE:

3. NAME:

3. STREET ADDRESS:

3. CITY & STATE:

4. TITLE:

4. NAME:

4. STREET ADDRESS:

4. CITY & STATE:

5. TITLE:

5. NAME:

5. STREET ADDRESS:

5. CITY & STATE:

6. TITLE:

6. NAME:

6. STREET ADDRESS:

6. CITY & STATE:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7. TITLE: Change Addition

7. NAME:

7. STREET ADDRESS:

7. CITY & STATE:

8. TITLE: Change Addition

8. NAME:

8. STREET ADDRESS:

8. CITY & STATE:

9. TITLE: Change Addition

9. NAME:

9. STREET ADDRESS:

9. CITY & STATE:

10. TITLE: Change Addition

10. NAME:

10. STREET ADDRESS:

10. CITY & STATE:

11. TITLE: Change Addition

11. NAME:

11. STREET ADDRESS:

11. CITY & STATE:

14. I, the Secretary, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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 of Block 13 of changed, or on an attachment with an address.

SIGNATURE:

SECRETARY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS R MOONEY

5-8-75 107 247 0740