

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

FILED  
May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 649734 (1)

1. Corporation Name  
MECCO ENGINEERING, INC.

Principal Place of Business

4399 35TH ST. N.  
P.O. BOX 84000  
ST PETERSBURG FL 33784

Mailing Address

4399 35TH ST. N.  
P.O. BOX 84000  
ST PETERSBURG FL 33784-4000

3. Date Incorporated or Qualified

01/01/1980

3a. Date of Last Report

03/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1981916

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

PAYNE, JOHN W  
4399 35TH STREET NORTH.  
ST. PETERSBURG FL 33714

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 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	VT	<input type="checkbox"/> DELETE
NAME	STANKIEWICZ, CY	
STREET ADDRESS	3804 46TH AVE S.	
CITY- ST- ZIP	ST PETERSBURG, FL 00000	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MOTTA, JOSEPH E	
STREET ADDRESS	512 JOHNS PASS AVE.	
CITY- ST- ZIP	MADEIRA BCH FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	PAYNE, JEFFREY T.	
STREET ADDRESS	7840 CAUSEWAY BLVD. S.	
CITY- ST- ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUFFY, CHARLES	
STREET ADDRESS	13380 86TH AVENUE NORTH	
CITY- ST- ZIP	SEMINOLE, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STEVENS, ROBERT	
STREET ADDRESS	9180 60TH ST. N.	
CITY- ST- ZIP	PINELLAS PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAYNE, JOHN W	
STREET ADDRESS	68 DOLPHIN DRIVE	
CITY- ST- ZIP	TREASURE ISLAND, FL00000	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 registered agent 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 in Block 13 if added with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0386269

CR2E034 (9/96)