

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F01054 (8)

1. Corporation Name

JEFFREY B. MEYER, P.A.



Principal Place of Business

ROUTE 5, BOX 8
BIG PINE KEY FL 33043

Mailing Address

ROUTE 5, BOX 8
BIG PINE KEY FL 33043

3. Date Incorporated or Qualified
10/09/1980

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

21 29872 Overseas Hwy

Suite, Apt. #, etc.

22 Ste. 1

City & State

23 Big Pine Key, FL

Zip

24 33043

Country

25 USA

2a. Mailing Address

26 29872 Overseas Hwy

Suite, Apt. #, etc.

27 Ste. 1

City & State

28 Big Pine Key, FL

Zip

29 33043

Country

30 USA

4. FEI Number

59-2047353

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

MEYER, JEFFREY B.
ROUTE 5, BOX 8
BIG PINE KEY FL 33043

10. Name and Address of New Registered Agent

81 Name

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

29872 Overseas Hwy

83 Ste. 1

84 City

Big Pine Key

FL

85 Zip Code

33043

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 responsibility for, the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

NOTE: Registered Agent Signature required after filing.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
MEYER, JEFFREY B.
STREET ADDRESS RT 5, BOX 8
CITY-ST-ZIP BIG PINE KEY FL

TITLE ☐ DELETE

NAME ST
MEYER, JEFFREY B.
STREET ADDRESS RT 5, BOX 8
CITY-ST-ZIP BIG PINE KEY FL

TITLE ☐ DELETE

NAME DVP
ERSKINE, LARRY R
STREET ADDRESS RT 5, BOX 8
CITY-ST-ZIP BIG PINE KEY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

29872 Overseas Hwy, Ste. 1
Big Pine Key, FL 33043

14 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

same as above

24 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

29872 Overseas Hwy, Ste. 1

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied in 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 its 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, and in accordance with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY B. MEYER

Date

Daytime Phone #

CR2E034 (12/95)