Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F01054 1. Corporation Name

Principal Place of Business

JEFFREY B. MEYER, P.A.

11211 AVENUE A BIG PINE KEY FL 33043 IS		31211 AVE A BIG PINE KEY FL 33043 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/09/1980		
2. Principal Place of Business 2a. Mailing Address				"		4. FEI Number		Applied For
1 26						59-2047353		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.			5. Certificate of Status Desired See Required		
27						0. 00.110.100.000.000	Fee	Required
City & Stat	e	City & State	City & State			6. Election Campaign Financing		May Be
3 28						Trust Fund Contribution		to Fees
¬ ' — —		Zip				8. This corporation owes the current year Inta		ПМа
4	25	29	30			1 Ordenari Toporty Tara	Yes	□No
	9. Name and Address of Curr	ent Registered Agent	 • ·	81	Name	10. Name and Address of New Registered A	Jent	
MEV	ED IECEDEV R			"	name			
MEYER, JEFFREY B.				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
31211 AVENUE A BIG PINE KEY FL 33043								
DIG	FINE RET FL 33043			83				
				84	City		85 Zij	Code
	<u>.</u>					FL poration submits this statement for the purpose of containing the containing the purpose of containing the purpose of c		*******
SIGNATURE	Signature, typed or printed name of registered a OFFICERS	gent and title if applicable	(NOTE: Registere		signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	TORS IN 12
TITLE	PD	☐ DE	LETE 1.1	TITLE			Change	e 🔲 Addition
NAME	MEYER, JEFFREY B.		1.2	NAME				
STREET ADDRESS	31211 AVENUE A		1.3	STREET	ADDRESS			
CITY-ST-ZIP	BIG PINE KEY FL 33043		1.4	CITY-ST	-ZIP			
TITLE	ST	□ DE	LETE 2.1	TITLE			Change	e
NAME	MEYER, JEFFREY B.		2.2	NAME				
STREET ADDRESS			2.3	STREET	ADDRESS	•		
CITY-ST-ZIP	BIG PINE KEY FL 33043			CITY-S	T-ZIP			- A 4 400-
TITLE	DVP	□ DE		TITLE			Change	e
NAME	ERSKINE, LARRY R			NAMÉ		•		
STREET ADDRESS	31211 AVENUE A				ADDRESS			
CITY-ST-ZIP	BIG PINE KEY FL 33043			CITY-S	T-ZIP		Chang	e
TITLE				TITLE			پ درست	
NAME				NAME	ADDRESS			
STREET ADDRESS					1			
CITY-ST-ZIP		□ OE		CITY-ST	-217		☐ Chang	e
NAME				NAME		•	_ •	
NAME STREET ADDRESS			5.3	STREET	ADDRESS			
				CITY-ST				
CITY-ST-ZIP TITLE		☐ DE		TITLE			Chang	e Additio
			6.2	NAME		•		

6.4 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 employered 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 and page 1.

NAME STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90131 020 ***150.00