Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90092 047 ***150.00

. E KARBINAN BILIR YAKAN ALIKIK RAKIK BAKKI BAKKI ANTIK ANTIK KARIA KARIK KIRAN KARIK ANTAK ANTAK KARIK

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000001214

1. Corporation Name

MEVATEC CORPORATION

								ANI ii ni e nii '		i a
Principal Place of Business Mailing Address							L SPRING ING LOIGE BIRIT GENT A	ANIC MONTH EDITOR	1818) (1819 (190)	11011 U(B) (EB)
1525 PERIMETE	r Parkway. Ste 500	1525 P	PERIMETER PARKWA	Y. STE 50	0					
HUNTSVILLE AL 35806 HUNTSVILLE AL 35806							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
•							03/14/1995			
2. Principal Place of Business 2a. Maili			ailing Address				4. FEI Number		Ar	oplied For
21			26				<u>85-0333275</u>			ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
			27						equired	
City & State			City & State			6. Election Campaign Financing			May Be	
23			Zip Country			Trust Fund Contribution			to Fees	
Zip				30	8. This corporation owes the current year in Personal Property Tax.			rent year ini	langible ☐ Yes	□No
24 25 29 29 9. Name and Address of Current Registered Agent			ed Agent	30			10. Name and Address of New	Registered		
	3. Haire and Address of Curre	in ivediate.	ou Agent		81	Name				
C T CORPORATION SYSTEM										
1200 SOUTH PINE ISLAND ROAD					82	Street Add	dress (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324				83						
					- 1				las Zio	Codo
				i	84	City		FL	85 Zip	Code
41 Durayest to the applicable 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) OATE										
12.	OFFICERS AI	ND DIRECT	ORS	13.			ADDITIONS/CHANGES TO O	FICERS AN		
TITLE	CEOD		☐ DELETE	1.1 Π	LΕ				Change	☐ Addition
NAME (ARCHULETA, NANCY E			1.2 NA	ME	}				
STREET ADDRESS 1525 PERIMETER PARKWAY, STE 500				1.3 STREET ADDRESS		ADDRESS				•
CITY-ST-ZIP	HUNTSVILLE AL			1.4 CF	Y-ST	-ZIP				
TILE	P		☐ DELETE	2.1 Π	ĽΕ				☐ Change	☐ Addition
NAME	HOUSER, C T			2.2 NA	ME	1				1
STREET ADDRESS	1525 PERIMETER PARKWAY,	STE 500	. .			ADDRESS	-		٠	a .
CITY-ST-ZIP	HUNTSVILLE AL		[^{m]} per err	2. 4 Ci		T-ZIP			Change	☐ Addition
TITLE	V		☐ DELETE	3.1 111					□ Citalige	
NAME	FULTON, LARRY S	CTE FOO		3.2 N						
STREET ADDRESS	1525 PERIMETER PARKWAY,	21E 200				ADDRESS				
CITY-ST-ZIP	HUNTSVILLE AL V		☐ DELETE	3,4, CI		T-ZIP			Change	Addition
TITLE	HERNANDEZ, LYDIA A.		Gotteria	4, 2 N		Ì				
NAME STREET ADDRESS	1525 PERIMETER PKW., STE	500				ADORESS				
	HUNTSVILLE AL	300							•	ŀ
CITY-ST-ZIP TITLE	V		☐ DELETE	4.4 CT					☐ Change	Addition
NAME	GOODNIGHT, GLENN P			5.2 N			•			
STREET ADDRESS	1525 PERIMETER PARKWAY.	STE 500		5.3 ST	REET	ADDRESS				ĺ
CITY-ST-ZIP	HUNTSVILLE AL	vvv		5.4 CI	ry-st	r-ZIP				
TITLE	V		DELETE	6.1 TI		C	FOISRUP		☐ Change	
NAME	MURAS, ANDREW D		/\	6.2 N	ME	W	V. Don Muncy.	c. :	to on.	、''
STREET ADDRESS	1525 PERIMETER PARKWAY,	STE 500		6.3 \$1	REET	ADDRESS 1	V. Don Muncy Sas Perimeter PKW	1, sui	10 206	, I

14. I hereby certify that the information supplied with this filling 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 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP