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FILE	NOW:	<b>FILING</b>	FEE	AFTER	MAY	15T IS	\$550.	.OU

PROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS					ED	
DOCU	MENT # F9	7000004	<b>064</b>				99 JAN 21 A	M 9: 03	
1. Corporation	on Name		004						
MEEV2	CONSTRUCTION S	envices, inc.					DANAS SECRETARIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMP	ir Sinie ii Gharigai	rice activ erat cant
									)] <b>]                                   </b>
Principal Place	ce of Business	Mai	ling Address				E TABLICA LUM IERU MANN DONN DONN	14 <b>6</b> 0144 98141 91014 91	ista anim atas taas
4497 PARK DE			PARK DR.						
NORCROSS G	A 30093	NOR	CROSS GA 30093				DO NOT WRITE IN	THIS SPACE	
							3. Date Incorporated or Qualifed		
			(2-55) <del></del> (3-5)				08/04/1997		
···-¬ ′	Place of Business	}-··ı	Mailing Address				4, FEI Number 58-2126600	}	Applied For Not Applicable
21] Suite, Apt	. #, etc.	26	Suite, Apt. #, etc.			· ·			Additional
22		27					5. Certificate of Status Desired []]		Required
City & Sta	ite		City & State				6. Election Campaign Financing		<b>0</b> мау Ве
23			7	Cou			Trust Fund Contribution		d to Fees
Zip 24	Country 25	29	?ip 	30	ritry		<ol> <li>This corporation owes the current y Personal Property Tax.</li> </ol>	ear Intangible []] Yes	□N <sub>0</sub>
	9. Name and Address			)			10. Name and Address of New Regis		
VED	KALED JON C				81	Name			
	igler, jon c Owndes Drosdick e	T AI			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	N. EOLA DR	INL		1	83				
	ANDO FL 32801			}	23				
				[	84	City		E1 85 Zi	o Code
agent I a	am familiar with, and accep	I the obligations of, S	pplicable (NOTE	ida Statu	ites.		ration submits this statement for the purp i's board of directors. I hereby accept the when reinstating? Directions ADDITIONS/CHANGES TO OFFICE	ΛTÉ	
TITLE	P	TOLINO THE DINES	[] DELETE	1.1 717	LF	··- ]	Applitorior of virtue of to of the	[] Change	Addition
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STREET ADDRESS				1.3 STF	REFTAD	ODRESS			يُ ا
CITY-ST-ZIP	NORCROSS GA 3009	13			Y-\$1-Z	P			}
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NAME	BELDEN, ELIZABETH			3 2 NA	WE	{			Į
STREET ADDRESS		•			REETAD	ſ			ł
CITY-ST-ZIP TITLE	NORCROSS GA 3009 DC	<u> </u>	DELETE	34 CIT 4 1 TITE	Y-51-Z	<u> </u>		[] Change	Addition
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CITY-ST-ZIP	NORCROSS GA 3009	3		ı	Y-ST-ZI	Į.			
TITLE	DC	7	[] DELETE	5 1 100				Change	Addition
NAME	SERKBEIL, THOMAS I	D		5 2 NAA		22222			ļ
STREET ADDRESS	4497 PARK DR.	•			CATES	l			{
CITY-ST-ZIP	NORCROSS GA 3009	<u> </u>	[] DELETE	5 4 CiT	Y-ST-ZI .F			LChange	Addition
tate Name	ROBINSON, FORREST	r w	En Decele	62 NAA		)		(IAR)	100
STREET ADDRESS	4497 PARK DR.	• ••		6.3 STR	EET AD	DRESS		(VE). (1)	[m]
CITY-ST-ZIP	NORCROSS GA 3009	3	•		Y-ST-ZI				
14. I hereby c	ertify that the Information s	upplied with this filing	g does not qualify for t	the exem	ption	stated in Se	ction 119.07(3)(i), Florida Statutes. I furth	er certify that the	information
officer or a	director of the corporation of Block 13 if changed, or o	or the receiver or trus	tee empowered to ex	ecute thi	s repo	irt as require	ed by Chapter 607, Florida Statutes; and t	hat my name ap	pears in

SIGNATURE: \_

EUZ-BL M. C. B. C. B. C. SIGNING OFFICER OR DIRECTOR

1/18/99 770 717 3226