

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
OUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F97000005677**

MEESCO SERVICE CO., INC.

Principal Place of Business  
PERIMETER PARKWAY CT.  
MONTGOMERY AL 36116

Mailing Address  
5301 PERIMETER PARKWAY CT.  
MONTGOMERY AL 36116

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**

09-15-1999 90004 024 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
*Same*

2a. Mailing Address  
*Same*

3. Date Incorporated or Qualified  
**10/28/1997**

4. FEI Number  
**63-0978511**

Applied For  
Not Applicable

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

Country  
25

Zip  
29 Country  
30

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

*OK # 4368*  
*9/13/99*

81 Name

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

83

84 City

**FL**

85 Zip Code

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CEO  
GUTHRIE, BRENDA  
5301 PERIMETER PARKWAY CT.  
MONTGOMERY AL 36116 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PST  
GUTHRIE, DON  
5301 PERIMETER PARKWAY CT.  
MONTGOMERY AL 36116 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

V  
BODINE, DENNIS  
5301 PERIMETER PARKWAY CT.  
MONTGOMERY AL 36116 ☒ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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.

SIGNATURE:

*B. GUTHRIE*

*9/13/99 334-288-4440*

CR2E034 (5/99)