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

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90153 019 ***150.00

DOCUMENT #	F98000000973

f. Corporation Name

MEYER GREESON PAULLIN, P.A.

Principal Place of Business Mailing Address									
320 S. TRYON ST., STE. 222 320 S. TRYON ST., STE. 222									
CHARLOTTE NO	28202	CHARLOTTE NC 28202	HARLOTTE NC 28202			DO 1107 1107	IN THE C	3405	
						DO NOT WRITE	IN THIS SI	ALE	
						3. Date Incorporated or Qualifed			ļ
						02/20/1998			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		→ —	plied For
21		26				<u>56-1250565</u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	l l
27 27						J	_ 	Fee Re	quired
City & State City & State			_			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Zip Country			8. This corporation owes the curren	t year Intan	gible	1
24	25	29	30			Personal Property Tax.] Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	sistered Ag	ent	
				81 N	Name				- (
BUIL	DER, J. LINDSAY JR.			82 S	Name and Address	ess (P.O. Box Number is Not Acceptable	<u> </u>		
GRA	HAM, CLARK, JONES, BUILDER, 1	ET AL		02 3	Street Addit	ess (P.O. Box Number is Not Acceptable	c)		1
369	n. New York ave.			83					
WINT	TER PARK FL 32789			LL			·		
				84 C	City		FL	85 Zip (Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statute	s the al	oove-na	amed corpo	pration submits this statement for the pu	rpose of ch	anging its	registered
office or n	egistered agent, or both, in the State of	f Florida. Such change was au	ithorized	by the	corporatio	n's board of directors. I hereby accept t	he appointr	nent as re	gistered
agent, 1 a	m familiar with, and accept the obligation	ons of, Section 607,0505, Flori	ida Stati	ites.					J
SIGNATURE							DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Age 12. OFFICERS AND DIRECTORS 13.				Agent sig	nature required	ADDITIONS/CHANGES TO OFFICE		DIRECTO	DS IN 12
12.			CTORS 13.			ADDITIONS/CHANGES TO OFFIC		Change	Addition
TITLE	OPT CANALY VI		1					0.10.190	
NAME	GREESON, SAMMY W		1.2 NA		1				ł
STREET ADDRESS	320 S. TRYON ST., STE. 222		1.3 ST	REET ADI	DRESS				
CITY-ST-ZIP	CHARLOTTE NC 28202	<u></u>	1.4 CI	ry-st-zi					
TITLE	DVS	☐ DELETE	2.1 TII	lE	DA		[Change	Addition
NAME	MEYER, JAMES E		2.2 NA	ME	ļ				
STREET ADDRESS	320 S. TRYON ST., STE. 222		2,3 STREE		DRESS				[
CITY-ST-ZIP	CHARLOTTE NC 28202			TY+ST-ZI	ne Ì				1
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NAME			3.2 NA						ĺ
				REET ADI	DDE66 J ゴン	illin, Mark ostryon st., ste 222			1
STREET ADDRESS					oness CL	white NC 28202			ļ
CITY-ST-ZIP		DELETE	3,4. Ci 4,1 TII	TY-ST-Z	# 1 TV	WILLIE II STORE	 -	Change	Addition
TITLE					}		L		المساوية بي
NAME			4. 2 N						
STREET ADDRESS				REET ADI					ĺ
CITY-ST-ZIP	 		4.4 CF	ry-ST-ZI	P				
TITLE		☐ DELETE	5.1 TI				Ī	_ Change	Addition
NAME			5.2 NA	ME	ĺ				ľ
STREET ADDRESS			5.3 ST	REETAD	DRESS				Į
CITY-ST-ZIP			5.4 CI	(Y-ST-ZII	P				\
TITLE		☐ DELETE	6.1 TIT	1.E	$\neg + \neg$		[Change	Addition
NAME			6.2 NA	ME	}				}
STREET ADDRESS			6.3 ST	REET AD	ORESS				
STREET AUDIKESS									i i

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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

TURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-IN A

peil 29. 19

9 999 Daytime Phone #

(11/98)

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