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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H25682

1. Corporation	Name	-					
MCMEEN ENTERPRISES, INC.							
					I LEGITAN ENG NICE BUILD ENGLERALD HOLD BIGH		.
Principal Place of Business Mailing Address						11 E 17 E 10 11 E 10 17 E	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
% TAYLOR MCMEEN % TAYLOR MCMEEN							
303 MCLEAN DR 303 MCLEAN DR					DO NOT WRITE IN THIS SPACE		
BRANDON FL 33510 BRANDON FL 33510					3. Date Incorporated or Qualifed		
					10/15/1984		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap ^r	plied For
-		26			59-2473082	<u> </u>	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A	\dditional	
22		27		5. Certifcate of Status Desired	Fee Re	quired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year In		
24	4 25 29		1 Brachar Toponty Taxi			□No	
	Name and Address of Currer	t Registered Agent			10. Name and Address of New Registered	Agent	
MON	ITTN TAVLOD		81	Name			
	IEEN, TAYLOR		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
303 MCLEAN DR BRANDON FL 33510					· · · · · · · · · · · · · · · · · · ·		
DNAI	NDON FL 33510		83				
			84	City		85 Zip C	Code
				L	FL	- , ,	
office or re	agistered agent or both in the State	of Florida. Such change was auth	iorized by	the comoration	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	intment as re	gistered
agent. I ar	n familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statutes	•			
SIGNATURE			7.4		ad when reinstating) DATE		\
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: I OFFICERS AND DIRECTORS		13.	ir signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE			1.1 TITLE		7.5511101103.51110120	Change	Addition
NAME	MCMEEN, TAYLOR		1.2 NAME				
STREET ADDRESS	303 MCLEAN DR		1.3 STREET	TADDRESS			
CITY-ST-ZIP	BRANDON FL		1.4 CITY- S	·			
TITLE	DVS	☐ DELETE	2.1 TITLE	. ,,		☐ Change	Addition
NAME	MCMEEN, JUDY		2.2 NAME				
STREET ADDRESS	303 MCLEAN DR		2.3 STREET	TADDRESS			
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP	•		
TITLE		☐ DELETE	3.1 TITLE		- 12	Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE	-	☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME		*		
STREET ADDRESS	55			TADDRESS	•		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		Change	Addition
The state of the s		6.1 TITLE			Change	☐ waannou	
NAME.			6.2 NAME				
STDEET VUUDESS	l		6.3 STREE	T ADDRESS			3

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:

STREET ADDRESS