

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90047 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS													
DOCUMENT # H36787																	
1. Corporation Name Meyer & Meyer, Inc.																	
Principal Place of Business 1014 Campbell Ave Lake Wales, FL 33853			Mailing Address 1014 Campbell Ave Lake Wales, FL 33853														
DO NOT WRITE IN THIS SPACE																	
3. Date Incorporated or Qualified 11/85																	
2. Principal Place of Business 21. 1014 Campbell Ave Suite, Apt. #, etc.			2a. Mailing Address 26. 1014 Campbell Ave Suite, Apt. #, etc.														
22. City & State 23. Lake Wales, FL			27. City & State 28. Lake Wales, FL														
24. Zip 33853			29. Zip 33853														
4. FEI Number 59-2478029																	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																	
8. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No																	
9. Name and Address of Current Registered Agent Meyer, Charles E. 1014 Campbell Ave Lake Wales, FL 33853																	
10. Name and Address of New Registered Agent																	
11. 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 DATE																	
12. OFFICERS AND DIRECTORS ☐ DELETE																	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Add																	
<table border="1"> <tr> <td> 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> 11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP </td> </tr> <tr> <td> 15. TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP </td> </tr> <tr> <td> 25. TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> 31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP </td> </tr> <tr> <td> 35. TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> 41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP </td> </tr> <tr> <td> 45. TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> 51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP </td> </tr> <tr> <td> 55. TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> 61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP </td> </tr> </table>						11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP	15. TITLE NAME STREET ADDRESS CITY-ST-ZIP	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	25. TITLE NAME STREET ADDRESS CITY-ST-ZIP	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP	35. TITLE NAME STREET ADDRESS CITY-ST-ZIP	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP	45. TITLE NAME STREET ADDRESS CITY-ST-ZIP	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP	55. TITLE NAME STREET ADDRESS CITY-ST-ZIP	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U. pres Treas

429-99