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

Mar 05 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # 1. Corporation Name (7)H62669 DER MEISTER, INC. Principal Place of Business Mailing Address 2508 W TENNESSEE ST 2508 W TENNESSEE ST TALLAHASSEE FL 32304 TALLAHASSEE FL 32304 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/18/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2580823 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zιρ Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LEVINE, MARK S. 245 E VIRGINIA ST Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 85 Zip Code 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change \_\_\_ Addition CRAWFORD, JAMES LEE, II NAME 1.2 NAME RT 3 BOX 5262 STREET ADDRESS 1.3 STREET ADDRESS HAVANA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE CRAWFORD, HELEN P. NAME 2.2 NAME **ROUTE 3, BOX 5262** STREET ADORESS 2.3 STREET ADDRESS HAVANA FL CITY-ST-2IP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE PENDERAKAST, ROBERT D. NAME 3.2 NAME 809 APALACHEE PKWY STREET ADDRESS 3.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITL F Change Addition 4.1 TITLE PENDERGHAST, ROBERT D. NAME 4. 2 NAME 809 APALACHEE PKWY STREET ADORESS 4.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 4.4 City-St-ZIP DELETE Change TITLE 5.1 TITLE ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 suppliemental 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:

NAME

STREET ADDRESS

CITY-ST-ZIP

576-458 1

FILED