

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  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90094 024 \*\*\*150.00

DOCUMENT # H90117

1. Corporation Name

M & W RESTAURANT, INC.



Principal Place of Business

THOMAS J MEEKER  
5812 UNIVERSITY BLVD WEST  
JACKSONVILLE FL 32216  
US

Mailing Address

THOMAS J MEEKER  
5812 UNIVERSITY BLVD WEST  
JACKSONVILLE FL 32216  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1985

4. FEI Number

59-2618960

Applied For

Not Applicable

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

2. Principal Place of Business

21 DAIRY QUEEN

2a. Mailing Address

26 Suite, Apt. #, etc.

22 5812 University Blvd W

27 City & State

23 JACKSONVILLE, FLORIDA

28 Zip

24 32216 25 US

29 Zip

30 Country

9. Name and Address of Current Registered Agent

THOMAS J MEEKER  
4234 STREET RD  
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent

81 Name THOMAS J. Meeker  
82 Street Address (P.O. Box Number is Not Acceptable)  
4234 STACEY Rd W.  
83  
84 City JACKSONVILLE FL 85 Zip Code 32250

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
SD	MEEKER, MARIAN	4234 STACEY ROAD	JACKSONVILLE FL	<input type="checkbox"/>
DVP	WEINBERGER, FRANCES E.	5812 UNIVERSITY BLVD W.	JACKSONVILLE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
PRESIDENT	THOMAS J. MEEKER	4234 STACEY Rd W.	JACKSONVILLE, FLA 32250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (1/98)