FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 25 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J20079 (6)

1. Corporation Name
MEEK & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1154 NO UNIVERSITY DR STE 305 PEMBROKE PINES FL 33024 US	1154 NO UNIVERSITY DR STE 305 PEMBROKE PINES FL 33024 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/17/1986
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0027139 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MEEK, DAVID R.
1821 N 43 AVE
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: MEEK DAVID R.
82 Street Address (P.O. Box Number is Not Acceptable): 5100 DUPONT BLVD #8N
83
84 City: FT. LAUDERDALE FL 85 Zip Code: 33308

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 _____ DATE
Signature, typed 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	VS	1.1 TITLE	VS	☒ Change ☐ Addition
NAME	MEEK, PEGY B	1.2 NAME	MEEK, PEGGY B	
STREET ADDRESS	1821 N 43RD AVENUE	1.3 STREET ADDRESS	5100 DUPONT BLVD #8N	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	MEEK, DAVID R.	2.2 NAME	DAVID R. MEEK	
STREET ADDRESS	1821 N. 43RD AVE	2.3 STREET ADDRESS	5100 DUPONT BLVD #8N	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 3-19-95 305/432-6997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID R. MEEK

0000014 CP