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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT**

1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name **J23192 (4)**
J. W. MEYER, INC.

Principal Place of Business Mailing Address
9850 16th Street North 9850 16th Street North
St. Petersburg FL 33716 St. Petersburg FL 33716

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/09/1986** 3a. Date of Last Report **/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country

4. FEI Number **38-2712335** 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**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MEYER, JACK W.
9850 - 16th Street North
St. Petersburg FL 33716

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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

X

Signature typed or printed name of registered agent and fee if applicable

Jack W. Meyer

NOTE: Registered Agent Signature Required when re-registering

6/27/1995

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT**
NAME **MEYER, JACK W.**
STREET ADDRESS **3737 EMBASSY CIRCLE**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **VS**
NAME **MEYER, JOANNA L.**
STREET ADDRESS **3737 EMBASSY CIRCLE**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **V**
NAME **HAFENBRACK, LORRAINE**
STREET ADDRESS **510 CHANNEL COURT**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **000001532490**
1.4 CITY-ST-ZIP **-07/07/95--01060--016**

2.1 TITLE *******70.00 *****70.00**
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **V** ☐ Change ☒ Addition
3.2 NAME **HAFENBRACK, LORRAINE**
3.3 STREET ADDRESS **510 CHANNEL COURT**
3.4 CITY-ST-ZIP **PALM HARBOR FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 the 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:

X **Jack W. Meyer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack W. Meyer

6/27/1995 813 577-2300

DATE

DAYTIME PHONE