

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
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90010 031 ***550.00

DOCUMENT # J47805 ✓

1. Corporation Name
MERIDIAN COMMUNICATION MARKETING
SERVICE INC.

5810/2 - 90010 - 31

DEPARTMENT OF STATE

Principal Place of Business Mailing Address

228 RIDGEWOOD ST.
ALTAMONTE SPRINGS, FL.
32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business CT.
21 112 Raymond Oaks
Suite, Apt. #, etc.

2a. Mailing Address
26 Same
Suite, Apt. #, etc.

4. FEI Number
59-2748539
Applied For
Not Applicable

22 City & State
23 ALTAMONTE SPRINGS FL.

27 City & State
28 Same

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

24 32701 25 USA

29 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

29 Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT T. P. Mueller
Same

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Same

84 City
85 Zip Code
FL

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] 6-28-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME ROBERT T. P. Mueller
STREET ADDRESS 228 RIDGEWOOD ST.
CITY-ST-ZIP ALTAMONTE SPR, FL. 32701

1.1 TITLE President
1.2 NAME THOMAS B. GRZESZCZAK
1.3 STREET ADDRESS 112 RAYMOND OAKS CT
1.4 CITY-ST-ZIP ALTAMONTE Sps, FL 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Treasurer
2.2 NAME JOAN C. Mueller
2.3 STREET ADDRESS 112 RAYMOND OAK CT.
2.4 CITY-ST-ZIP ALTAMONTE Sps, FL 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-99 407-339-
Date Daytime Phone #

CR2E034 (11/98)