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

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exe indicated on this annual report or supplemental annual report is true and accurate and officer or director of the corporation or the receiver or trustee empowered to execute the Block 12 or Block 13 if changed, exclusive an attachment with an address.

Jan 16 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 # J66268 (0)T. J. MEYER & ASSOC., INC. Principal Place of Business Mailing Address 169 JOHNNY CAKE DR 169 JOHNNY CAKE DR NAPLES FL 20042 NAPLES FL-23042 DO NOT WRITE IN THIS SPACE 34110 3. Date Incorporated or Qualified 04/02/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 65-0037008 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & Stato \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζıp Country  $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 Personal Properly Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MEYER, THOMAS J. 169 JOHNNY CAKE DR Street Address (P.O. Box Number is Not Acceptable) 82 NAPLES FL-33042 В3 34110 84 City Zip Code 85 11. Pursuant to the provisions of Soctions 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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 RS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **PST** DELETE Change Addition THLE 1.1 TITLE MEYER, THOMAS J. 1.2 NAME 169 JOHNNY CAKE DR STREET ADDRESS 1.3 STHEET ADDRESS NAPLES FL 34110 CITY-ST-ZIP 1.4 City - ST - ZiP DELFTE 2.1 TITLE Change Addition TITLE MEYER, THOMAS J. 2.2 NAME NAME 169 JOHNNY CAKE DR STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITUE NAME 4. 2 NAJAE STREET ANDRESS 4.9 STR E1 ADDRESS - \$1 - ZIP CITY-ST-ZIP 4.4 CIT DELETE Change Addition TATLE 5.1 7(1 5.2 NA NAME ET ADDRESS STREET ADDRESS 5.3 STF CITY-ST-ZIP 5.4 CO ST-ZIP DELETE Change Addition THILE 6.1 70 NAME 6.2 NA 6.3 \$1 STREET ADDRESS FT ADDRESS -ST-ZIP

6.4 CIT

iption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hat my signature shall have the same legal effect as if made under oath; that I am an s report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED