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

Mailing Address

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name J66268

Principal Place of Business

T. J. MEYER & ASSOC., INC.

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90035 042 ***150.00



169 JOHNNY (NAPLES FL 34		169 JOHNNY CAKE DR NAPLES FL 34110							
US US						DO NOT WRI	TE IN THIS SP	ACE	
				3. Date Incorporated or Qualifed					
						04/02/1987			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		I Ar	plied For
21		26				65-0037008		No	t Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.					_ :		Additional
22	y	27				5. Certifcate of Status Desired		Fee Re	
City & Sta	te // _	City & State				6. Election Campaign Financing		\$5.00	Mov Bo
23	1	28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Count	itry			ent veer Intend		<u> </u>
24	25 25	_ 	29 30			8. This corporation owes the current year Intangible Personal Property Tax.			
	9. Name and Address of Curren	. 11	301			10. Name and Address of New I			
	<u> </u>			81 Na	ime				
MEY	(ER, THOMAS J.		L				 -		,
169 JOHNNY CAKE DR				82 St	Street Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 34110				83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			240 STREET
•••] •	• •					80 6.0
	•		ε	B4 Cit	ty	**************************************		5 Zip (Code
			- 1	=			FL	1	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the abo	ove-nar	ned corpor	ation submits this statement for the	purpose of cha	nging its	registered
'ি agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statut	es.	Julporation	s board of directors, Frieteby accep	л ин арропия	siit as re	Jistered
SIGNATURE		yer		mac		NEYER 1	/2/99		
0.010110112	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:			w beniupen erute	vnen reinstating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OF	FICERS AND D	IRECTO	RS IN 12
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CITY-ST-ZIP	NAPLES FL 34110		1.4 CITY	-ST-ZIP					
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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 requirer 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.

6.4 CITY-ST-ZIP

SIGNATURE: