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 APR 18 PM 6:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # K00174 (8)

1. Corporation Name
DENNIS W. MEYER, INC.

Principal Place of Business	Mailing Address
~~12190 44 ST. N~~ ~~SUITE A~~ ~~CLEARWATER FL 34622~~	~~12190 44 ST. N~~ ~~SUITE A~~ ~~CLEARWATER FL 34622~~

3. Date Incorporated or Qualified: **10/28/1987**
3a. Date of Last Report: **05/26/1994**

2. Principal Place of Business
21: 11203 49th St. No.
22 Suite, Apt. #, etc: Unit 7
23 City & State: Clearwater, Fl
24 Zip: 34622
25 Country: Pinellas

2a. Mailing Address
26: 11203 49th St. No.
27 Suite, Apt. #, etc: Unit 7
28 City & State: Clearwater, Fl
29 Zip: 34622
30 Country: Pinellas

4. FEI Number: **59-2856811** ☐ 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

8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MEYER, DENNIS W.
~~3602 34TH ST N~~
~~ST PETERSBURG FL 33710~~

10. Name and Address of New Registered Agent

81 Name: Meyer, Dennis W.
82 Street Address (P.O. Box Number is Not Acceptable): 11203 49th St. No.,
83: Unit 7
84 City: Clearwater, Fl FL 85 Zip Code: 34622

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]
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	PD	1 1 TITLE	PD ☑ Change ☐ Addition
NAME	MEYER, DENNIS W.	1 2 NAME	Dennis W. Meyer
STREET ADDRESS	~~12190 44 ST. N, #A~~	1 3 STREET ADDRESS	11203 49th St. No.
CITY ST ZIP	~~CLEARWATER FL 34622~~	1 4 CITY ST ZIP	Clearwater, Fl 34622
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
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)(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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — 813-521-4224 Daytime Phone #

0360817 CP