

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

FILED  
Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K54302** (0)  
1. Corporation Name  
**MEX OF SANTA ROSA, INC.**



Principal Place of Business  
**5837 KIRKLAND DR.  
MILTON FL 32570  
US**

Mailing Address  
**5837 KIRKLAND DR.  
MILTON FL 32570  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/15/1988**

2. Principal Place of Business 21 <b>5837 KIRKLAND DR</b> Suite, Apt. #, etc. 22 City & State 23 <b>MILTON, FL</b> Zip 24 <b>32570</b>	2a. Mailing Address 26 <b>5837 KIRKLAND DR</b> Suite, Apt. #, etc. 27 City & State 28 <b>MILTON, FL</b> Zip 29 <b>32570</b>	Country 25 <b>Santa Rosa</b> Country 30 <b>SANTA ROSA</b>
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4. FEI Number  
**59-2915321**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
**ANDREWS, ROY V.  
124 WILLING ST.  
MILTON FL 32570**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>YOUNG, BRUCE</b>	
STREET ADDRESS	<b>1613 BERRYHILL ROAD</b>	
CITY-ST-ZIP	<b>MILTON FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>MAYEAUX, DENNIS</b>	
STREET ADDRESS	<b>1613 BERRYHILL ROAD</b>	
CITY-ST-ZIP	<b>MILTON FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>MCLEOD, PAUL</b>	
STREET ADDRESS	<b>1613 BERRYHILL ROAD</b>	
CITY-ST-ZIP	<b>MILTON FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>CARPENTER, S. DAVE</b>	
STREET ADDRESS	<b>5837 KIRKLAND DR.</b>	
CITY-ST-ZIP	<b>MILTON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

*g. Dave*

*S. DAVE CARPENTER*

*850-626-7884*

CR2E034 (10/97)