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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L35387** **(4)**

1. Corporation Name
MEININGER & MEININGER, P.A.

Principal Place of Business	Mailing Address
3002 E ROBINSON ST SUITE 1230 ORLANDO FL 32803 US	P O BOX 1946 SUITE 1230 ORLANDO FL 32802-1946 US

3. Date Incorporated or Qualified: 12/11/1969	3a. Date of Last Report: 04/30/1996
4. FEI Number: 59-3032155	☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 135 W. Central Blvd.	26 Post Office Box 1946
22 Suite 1230	27 Suite, Apt #, etc.
23 Orlando, FL	28 Orlando, FL
24 Zip: 32801 / 25 Country: US	29 Zip: 32802-1946 / 30 Country: US

9. Name and Address of Current Registered Agent

MEININGER, LEIGH R
503 E CENTRAL BLVD
STE 1105
ORLANDO FL 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Vice-President/Director	☒ Change ☐ Addition
NAME	MEININGER, LEIGH R.		1.2 NAME	Meininger, Leigh R.	
STREET ADDRESS	530 E CENTRAL BLVD STE 1105		1.3 STREET ADDRESS	530 E. Central Blvd., Suite 1105	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	☐ DELETE	2.1 TITLE	President/Director	☒ Change ☐ Addition
NAME	MEININGER, STEPHEN L.		2.2 NAME	Meininger, Stephen L.	
STREET ADDRESS	4919 MEMORIAL HWY.#205		2.3 STREET ADDRESS	4919 Memorial Highway, Suite 205	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, FL 33634	
TITLE		☐ DELETE	3.1 TITLE	Secretary-Treasurer/Director	☐ Change ☒ Addition
NAME			3.2 NAME	Meininger, John Henry, III	
STREET ADDRESS			3.3 STREET ADDRESS	135 W. Central Blvd., Suite 1230	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: John H. Meininger III SIGNATURE REQUIRED March 27, 1997 407-246-1585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006473