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Feb 27, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L35387

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



Principal Place of Business
135 W CENTRAL BLVD *Effective*
SUITE 1230 *2/1/99*
ORLANDO FL 32801
US

Mailing Address
POST OFFICE BOX 1946
SUITE 1230
ORLANDO FL 32802-1946
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1989

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 *111 North Orange Avenue*

2a. Mailing Address

Suite, Apt. #, etc.

22 *1750*

City & State

23 *Orlando, FL*

Zip

24 *32801*

Country

25 *USA*

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MEININGER, LEIGH R
530 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

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 **VPD** ☐ DELETE
NAME **MEININGER, LEIGH R.**
STREET ADDRESS **530 E CENTRAL BLVD STE 1105**
CITY-ST-ZIP **ORLANDO FL**

TITLE **PD** ☐ DELETE
NAME **MEININGER, STEPHEN L.**
STREET ADDRESS **711 N FLORIDA AVE STE 260**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **STD** ☐ DELETE
NAME **MEININGER, JOHN HENRY I**
STREET ADDRESS **135 W CENTRAL BLVD., SUITE 1230**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS *111 N. Orange Avenue, Suite 1750*
3.4 CITY-ST-ZIP *Orlando, FL 32801*

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *John H. Meininger, Secretary/Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/99

407-246-1585, ext. 11

CR2E034 (1/98)