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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 # L37920

1. Corporation Name
MEI HOLDINGS, INC.

Principal Place of Business

ROUTE 1 BOX 700
PERRY FL 32347

Mailing Address

ROUTE 1 BOX 700
PERRY FL 32347

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1989

4. FEI Number

59-3014524

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 10625 PUCKETT ROAD

Suite, Apt. #, etc.

22 City & State
23 PERRY, FL

Zip Country

24 32347 25

2a. Mailing Address

26 10625 PUCKETT ROAD

Suite, Apt. #, etc.

27 City & State
28 PERRY, FL

Zip Country

29 32347 30

9. Name and Address of Current Registered Agent

CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 DP ☐ DELETE

NAME YORK, ROY B.
STREET ADDRESS 3741 BOBBIN BROOK CIR
CITY-STATE-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE

NAME HANKINS, HAROLD
STREET ADDRESS 103 SMITHFIELD DR
CITY-STATE-ZIP BLACKSBURG VA

TITLE D ☐ DELETE

NAME CLARK, MARK E.
STREET ADDRESS RT. 1, BOX 135E
CITY-STATE-ZIP HOT SPRINGS NC

TITLE DS ☐ DELETE

NAME LANGNER, KEVEN K.
STREET ADDRESS 196 GREEN HILLS RD
CITY-STATE-ZIP CINCINNATI OH

TITLE AS ☐ DELETE

NAME TYLOR, E.R.
STREET ADDRESS 301 W. HIGH ST.
CITY-STATE-ZIP PERRY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

TYLOR, E.R.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)