FILED Apr 29, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION: 375 ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # L79328 1. Corporation Name

MEYER ENTERPRISES OF SARASOTA INC.

			<del></del> -			( \$60\$)600 100 100 100 100 100 100 100 100 100		.B)		
Principal Place of Business Mailing Address										
5341 CASTLEMAN DR 5341 CASTLEMAN DR										
C/O TIMOTHY			C/O TIMOTHY J. MEYER				DO NOT WRITE IN THIS SPACE			
SARASOTA FL 34232 SARASOTA FL 34232						3. Date Incorporated or Qualifed				
						06/07/1990	,		1	
						4. FEI Number			lind For	
2. Principal P	lace of Business	2a. Mailing Address	—						Applicable	
21]	# -4-	26 Suite And # etc				65-0212921		\$8.75 A		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	🗆	Fee Rec		
22		City & State							<u> </u>	
City & Stat	e	City & State				6. Election Campaign Financing	, <sub>□</sub>	\$5.00 i	, ,	
23			Zip Country			Trust Fund Contribution Added to Fees				
Zip	Country Zip			1 1		8. This corporation owes the current year Intangible Personal Property Tax.				
24 25 29			30	1		Personal Property Tax.  10. Name and Address of New	Posistored		250/10	
	9. Name and Address of Curren	it Registered Agent		81	Name	10. Name and Address of New	Kegistered /	agent ,		
MEYER, TIMOTHY J.				"	Name					
5341 CASTLEMAN DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)						
		83								
SAR	ASOTA FL 34232									
				84	City	<del></del>		85 Zip C	ode	
		\$ * **		il	•		<u> </u>	.		
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statu	ites, the a	bove	-named co	orporation submits this statement for the	e purpose of	changing its r	registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was tions of Section 607.0505. Fl	autnorizet orida Stat	ı by utes.	tne corpor	ation's board of directors. I hereby acc	spi ine appon	illilent as reg	listered	
	Company Same	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							1	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered	Agen	t signature req	uired when reinstating)	DATE			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO C	FFICERS AN			
TITLE	PD	☐ DELETE	1,1 11	TLE		:		Change	Addition	
NAME	MEYER, TIMOTHY J.		1.2 N	ME					ĺ	
STREET ADDRESS	5341 CASTLEMAN DRIVE		1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	SARASOTA FL		1.4 C	1.4 CITY-ST-ZIP					_	
TITLE	STD	☐ DELETE	2.1 17					☐ Change	☐ Addition	
NAME	MEYER, DEBORAH R.		2.2 NAW						ĺ	
٤	5341 CASTLEMAN DRIVE				ADDRESS					
STREET ADDRESS			- 1		1					
CITY-ST-ZIP	SARASOTA FL	☐ DELETE	3.1 TI	TY-S	1-212			☐ Change	Addition	
TITLE 🔍		· · ·			مة ا <sub>س</sub> ة -	- 				
NAME			3.2 N/						ļ	
STREET ADDRESS					ADDRESS				}	
CITY-ST-ZIP			_	ITY-S	T-ZIP			Change	Addition	
TITLE		☐ DELETE	4.1 Ti					Change	L Addition	
NAME			4. 2 N	AME					Į	
STREET ADDRESS			4.3 S	REET	ADDRESS					
CITY-ST-ZIP	<u> </u>		4.4 CI	TY-SI	r-ZIP					
TITLE		☐ DELETE	5.1 TI		]			Change	Addition	
NAME			5.2 N/	AME	1					
STREET ADDRESS			5.3 S	REET	ADDRESS	•		•		
CITY-ST-ZIP			5.4 CI	TY-\$1	r-ZIP	•				
TITLE		☐ DELETE	6.1 TI	TLE				Change	Addition	
NAME			6.2 N	AME	(				į	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS