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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M58815 (5)

1. Corporation Name

MEYER LAMINATES, INC.

Principal Place of Business

1900 AUSTRALIAN AVE
2ND FLOOR
RIVIERA BEACH FL 33404

Mailing Address

1900 AUSTRALIAN AVE
2ND FLOOR
RIVIERA BEACH FL 33404

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:32

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

09/10/1987

3a. Date of Last Report

01/19/1994

4. FEI Number

65-0021341

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

9. Name and Address of Current Registered Agent

SULLIVAN, DAVID
1900 AUSTRALIAN AVE
2ND FLOOR
RIVIERA BEACH FL 33404

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 signatures required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME PERRY, JGR
STREET ADDRESS 1900 AUSTRALIAN AVE., 2ND FLOOR
CITY- ST- ZIP RIVIERA BCH FL

TITLE D
NAME EDWARDS, MICHAEL
STREET ADDRESS 1900 AUSTRALIAN AVE., 2ND FLOOR
CITY- ST- ZIP RIVIERA BCH FL

TITLE STV
NAME SULLIVAN, DAVID
STREET ADDRESS 1900 AUSTRALIAN AVE., 2ND FLOOR
CITY- ST- ZIP RIVIERA BCH FL

TITLE P
NAME JAMES, CHARLES
STREET ADDRESS 850 S HUGHEY AT GONE
CITY- ST- ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

David Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/95 (407) 844-4481
Date (Typed Name)