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FILED
May 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43386 (4)

1. Corporation Name

MEASE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

601 MAIN ST
ATTN: CONTROLLER OFFICE
DUNEDIN FL 34698601 MAIN ST
ATTN: CONTROLLER OFFICE
DUNEDIN FL 34698-58483. Date Incorporated or Qualified
05/13/19913a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

59-3083957

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEAUCHAMP, PHILIP K.
601 MAIN ST
DUNEDIN FL 34698

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BEAUCHAMP, PHILIP K.
STREET ADDRESS 601 MAIN ST
CITY - ST - ZIP DUNEDIN FL1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Patricia Perzel
1.3 STREET ADDRESS 601 Main Street
1.4 CITY - ST - ZIP Dunedin, FL 34687TITLE D ☒ DELETE
NAME HANSEN, RAYMOND MD
STREET ADDRESS 601 MAIN ST.
CITY - ST - ZIP DUNEDIN FL2.1 TITLE Y ☐ Change ☒ Addition
2.2 NAME Richard Maza, M.D.
2.3 STREET ADDRESS 601 Main Street
2.4 CITY - ST - ZIP Dunedin, FL 34698TITLE D ☐ DELETE
NAME PFEIFFER, JAMES
STREET ADDRESS 601 MAIN ST
CITY - ST - ZIP DUNEDIN FL3.1 TITLE ST ☐ Change ☒ Addition
3.2 NAME William Allen
3.3 STREET ADDRESS 601 Main Street
3.4 CITY - ST - ZIP Dunedin, FL 34698TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip K. Beauchamp 4/23/97 813-734-6226

Date

Daytime Phone #

0069478

CR2E037 (9/96)