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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

N49488

(2)

MAINTENANCE ENGINEERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FILED Jun 13 1997 8:00am Secretary of State

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|--------------------|---------------------|--------------------|-------------------------------------|

| % 4730-30TH A ST. PETERSBU | IVENUE NORTH RG FL 39713 | % 4730-30TH AVENUE NOR ST. PETERSBURG FL 33713 | | | | | |
|---|---|---|---------------------------------------|---|---------------------------------------|--|--|
| | | | | 3. Date Incorporated or Qualified 06/18/1992 | 3a. Date of Last Report 05/01/1996 | | |
| 2. Principal P | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | | |
| | 0-38 AVE NO. | 26 3580-387H | AVE, JO | 59-2863591 | Not Applicable | | |
| 46 | 95 | Suite, Apt. #, etc. 27 27 | • | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| | tersiang th | City & State 28 ST PETERS GN | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| Zip 24 237/ | Country 25 RNELLAS | Zip 29 77// 3 | Country 30 ENELLA | <u> </u> | Yes V No | | |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Re | gistered Agent | | |
| · [| | | 81 Name | LANGLOIS MELUS | 72. | | |
| WHALE | | LANGLOIS, MELUS Address (P.O. Box Number is Not Acceptate | ole) | | | | |
| | TH AVENUE NORTH | | | 1580-386 AVE. So | | | |
| ST. PET | ERSBURG FL 33713 | | 83 | # 9 <i>5</i> | | | |
| | | | 84 City | it. Petersburg. | FL 85 Zip Code 337// | | |
| 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 board of diseases. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | |
| | m ramiliar with, and accept the obliga | tions of, Section 617.0503, Flore | ~~~~~/ | | 5-29-97 | | |
| SIGNATURE | Signature, typed or printed name of registered agen | al and litle if applicable. (NOTE | Registered At ent signature | required when reinstating) | DATE | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | | | |
| TITLE | DP | DELETE | 1.1 TITLE | 00 | Change Addition | | |
| NAME | LONG, BILL E | | 1.2 NAME | LANGLOIS, MELUS | K | | |
| STREET ADDRESS | 880 OLEANDER WAY | | 1.3 STREET ADDRESS | LANGLOIS, MELUS 3680-384 AVE S | Se. # 93 | | |
| CITY-ST-ZIP | ST PETERSBURG FL | DELETE | 1.4 CITY - ST - ZIP | STI PETERSburg 1 | Change Addition | | |
| TITLE | DV | UE VELETE | 2.1 TITLE | | | | |
| NAME OTOGET ADDOGGO | MASTRONADI, JOE | | 2.2 NAME | RUBIO JOSE DO S 2909 BARCELON S | ` | | |
| STREET ADDRESS | 6800 PARK ST S PASADENA FL | , | 2.3 STREET ADDRESS 2.4 City-St-Zip | TAMPA FL 3362 | 4 | | |
| CITY-ST-ZIP TITLE | DS | DELETE | 3.1 TITLE | DS | Change Addition | | |
| NAME | CHARETTE, KEITH | | 3.2 NAME | | | | |
| STREET ADDRESS | 880 OLEANDER WAY | | 3.3 STREET ADDRESS | HARWOOD, JIM | | | |
| CITY-ST-ZIP | ST PETERSBURG FL | / | 3.4. CITY - ST - ZIP | 1523 6TH AVEW, 34 | 205 | | |
| TITLE | DT | ☑ DELETE | 4.1 TITLE | 07 | Change Addition | | |
| NAMÉ | WHALEN, JOE | | 4. 2 NAME | Brian Maddero | n | | |
| STREET ADORESS | 4730 - 30TH AVE., N. | | 4.3 STREET ADDRESS | 5695 545 Ave | n, 33709 | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | 4.4 CITY-ST-ZIP | 51 Peters byra Fla | . 33709 | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | V1 10. | Change | | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| City-St-ZIP | | | 5.4 CITY - ST - ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition | | |
| NAME | | | 6.2 NAME | | • | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 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 on an affactment with an address.