

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90011 019 ****61.25

DOCUMENT # N49488

1. Corporation Name

MAINTENANCE ENGINEERS ASSOCIATION, INC.

Principal Place of Business

550 1ST AVE S
ST. PETERSBURG FL 33701
US

Mailing Address

550 1ST AVE S
ST. PETERSBURG FL 33701
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/18/1992

4. FEI Number

59-2863591

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

9. Name and Address of Current Registered Agent

LANGLOIS, MELUS R
550 1ST AVE S
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name **JEROLD O LOGEMANN**
82 Street Address (P.O. Box Number is Not Acceptable)
550 FIRST AVE S
83 **ST. PETERSBURG**
84 City **FL** 85 Zip Code **33701**

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]
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

7-14-99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **LANGLOIS, MELUS R**
CITY-ST-ZIP **550 1ST AVE S**
ST PETERSBURG FL 33701

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **RUBIO, JOSE**
CITY-ST-ZIP **2906 BARCELON ST**
TAMPA FL

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **HARWOOD, JIM**
CITY-ST-ZIP **1523 6TH AVE W**
BRADENTON FL

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **MADDERON, BRIAN**
CITY-ST-ZIP **5685 54TH AVE N**
ST. PETERSBURG FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **LOGEMANN JEROLD O.**
1.3 STREET ADDRESS **550 FIRST AVE S.**
1.4 CITY-ST-ZIP **ST PETERSBURG FL 33701**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 617, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-99 **1-727-896-3197**
Date Daytime Phone #

CR2E037 (5/99)