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Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90058 035 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P25910

1. Corporation Name
M. E. V. CORPORATION

Principal Place of Business

22020 MT. EDEN RD.
SARATOGA CA 95070

Mailing Address

22020 MT. EDEN RD.
SARATOGA CA 95070

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1989

4. FEI Number

94-2239356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

LYON, ROLF
12805 FOSS GROVE PATH
INGLIS FL 34449

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME PATTERSON F. JEFFREY
STREET ADDRESS 22020 MT EDEN
CITY-ST-ZIP SARATOGA CA

TITLE D ☐ DELETE

NAME SUTHERLAND, DOUG
STREET ADDRESS 6001 POWER INN RD
CITY-ST-ZIP SACRAMENTO CA

TITLE S ☐ DELETE

NAME PATTERSON, ELEANOR DAVIS
STREET ADDRESS 22020 MT. EDEN RD.
CITY-ST-ZIP SARATOGA CA

TITLE VD ☐ DELETE

NAME PATTERSON, F. JEFFREY
STREET ADDRESS 22020 MT. EDEN RD.
CITY-ST-ZIP SARATOGA CA

TITLE DC ☐ DELETE

NAME HAGEN, D. NEIL
STREET ADDRESS 6001 POWER INN RD.
CITY-ST-ZIP SACRAMENTO CA

TITLE D ☐ DELETE

NAME JOHNSON, DR. ERNEST
STREET ADDRESS 450 HOPKINS
CITY-ST-ZIP SACRAMENTO CA

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 ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/99 408 867-5832

CR2E034 (11/98)