

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000027182 (3)

1. Corporation Name

MEL-OR, INC.



Principal Place of Business

5070 NMINSTON RD.  
#506  
PALM BAY FL 32807

Mailing Address

5070 NMINSTON RD.  
#506  
PALM BAY FL 32807

3. Date Incorporated or Qualified

04/12/1993

3a. Date of Last Report

08/30/1995

2. Principal Place of Business

2a. Mailing Address

21 5070 MINTON RD NW

26 5070 MINTON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #5 + 6

27 #5 + 6

23 City & State  
PALM BAY FL

28 City & State  
N.W. Palm Bay, FL

24 Zip

Country

29 Zip

Country

32907

25 BREVARD

30 32907

31 BREVARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIMPLE, JEFFREY L  
1717 NORTH WICKHAM ROAD  
MELBOURNE FL 32935

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, if not applicable

(NOTE: Registered Agent signature required when applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME KIMPLE, JEFFREY L  
STREET ADDRESS 1717 NORTH WICKHAM ROAD  
CITY - ST - ZIP MELBOURNE FL 32935

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 ☐ 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 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/96 (407) 723-9952  
Date Daytime Phone #

CR2E034 (12/95)