

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90053 003 ***150.00

DOCUMENT # P93000031109

1. Corporation Name

MEINS CORPORATION

Principal Place of Business

6320 LEO DR
COCOA FL 32926
US

Mailing Address

632 LEO DR
COCOA FL 32926
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1993

4. FEI Number

59-3180808

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

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 6005 N. Wickham Rd.

2a. Mailing Address

26 2857 Pennington Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT 2-6

27

City & State

City & State

23 Melbourne FL

28 Melbourne FL

Zip Country USA

Zip Country USA

24 32935

25

29 32935

30

USA

9. Name and Address of Current Registered Agent

MEINS, TIMOTHY
632 LEO DR
COCOA FL 32926

10. Name and Address of New Registered Agent

81 Name

MEINS, Timothy

82 Street Address (P.O. Box Number is Not Acceptable)

2857 Pennington Pl

83

Melbourne

84

City Melbourne

FL

85 Zip Code

32935

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
NAME MEINS, TIMOTHY M.
STREET ADDRESS 632 LEO DR
CITY-ST-ZIP COCOA FL 32926

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☒ Change

☐ Addition

1.2 NAME

MEINS, Timothy M.

1.3 STREET ADDRESS

2857 Pennington Pl

1.4 CITY-ST-ZIP

Melbourne, FL 32935

☐ Change

☒ Addition

2.1 TITLE

VP

2.2 NAME

Rick Verkes

2.3 STREET ADDRESS

2857 Pennington Pl

2.4 CITY-ST-ZIP

Melbourne, FL 32935

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 #

3/23/99

407-253-8502

CR2E034 (11/98)