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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000041770

1. Corporation Name

MICHAEL MELOY, INCORPORATED

Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90019 022 ***150.00

Principal Place	e of Business	Mailing Address				I SOUTHOUS IND SOURCE UNITED IN COUNTY MAINT MAINT MAINT	##111 #F### 11011 F##() 1	INDIC BRITINGS
3119 W BAY TO	O BAY BLVD	3119 W BAY TO BAY	Y BLVD					
TAMPA FL 33629		TAMPA FL 33629		DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed	11110 01 7102	
				•		06/04/1993		
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21	acco of Business	26				59-3186103	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	c.				\$8.75	Additional
22		27	27			5. Certificate of Status Desired	Fee Re	quired
City & State		City & State	City & State			6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip		untry		8. This corporation owes the current yes		
24	25	29	30	_		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registe	erea Agent	
ICCO	FRIES, DAVID M			"	Marrie	•		
	S FRANKLIN ST			82	Street Add	ress (P.O. Box Number is Not Acceptable)		Ī
	PA FL 33602			83			<u> </u>	
1 Citi	1 A 1 E 30002			"		· · · · · · · · · · · · · · · · · · ·		
				84	City		FL 85 Zip (Code
44 Discusses	to the provisions of Sections 607.05	02 and 607 1508 Florida	Statutes the	above	e-named corr	poration submits this statement for the nurno	se of changing its	registered
office or re	egistered agent, or both, in the State	e of Florida. Such change t	was autnorize	ea by t	tne corporati	ion's board of directors. I hereby accept the a	appointment as re	gistered
agent. I a	m familiar with, and accept the obliga-	ations of, Section 607.050	5, Florida Sta	itutes.	•			
SIGNATURE	Signature broad or printed name of registered any	ent and title if annicable	(NOTE: Registere	ed Agent	t signature require	ed when reinstating) DA	TE	
	Signature, typed or printed name of registered age	ent and title if applicable. ND DIRECTORS	(NOTE: Registere		t signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICER		PRS IN 12
SIGNATURE 12. TITLE			13		t signature require			PRS IN 12
12.	OFFICERS A	ND DIRECTORS	13 TE 1.11	j	t signature require		S AND DIRECTO	
12.	OFFICERS AI P MELOY, MICHAEL	ND DIRECTORS	13 TE 1.11 1.21	TITLE NAME	t signature require		S AND DIRECTO	
12. TITLE NAME STREET ADDRESS	OFFICERS AI P MELOY, MICHAEL 3308 MORRISON AVE.	ND DIRECTORS	13 TE 1.11 1.21 1.35	TITLE NAME	ADORESS		S AND DIRECTO	Addition
12. TITLE NAME	OFFICERS AI P MELOY, MICHAEL	ND DIRECTORS	13 TE 1.11 1.21 1.35 1.40	TITLE NAME STREET	ADORESS		S AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI P MELOY, MICHAEL 3308 MORRISON AVE. TAMPA FL 33629	ND DIRECTORS	133 ETE 1.11 121 138 1.46 ETE 2.11	TITLE NAME STREET CITY-ST	ADORESS		S AND DIRECTO	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P MELOY, MICHAEL 3308 MORRISON AVE. TAMPA FL 33629 VP MELOY, LINDA	ND DIRECTORS	133 TE 1.11 121 133 140 TE 2.11 221	TITLE NAME STREET CITY-ST TITLE NAME	ADORESS		S AND DIRECTO	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P MELOY, MICHAEL 3308 MORRISON AVE. TAMPA FL 33629 VP MELOY, LINDA	ND DIRECTORS DELE	133 TE 1.11 12N 133 140 TE 2.11 221 233	NAME STREET CITY-ST TITLE NAME STREET	ADORESS F-ZIP		S AND DIRECTO Change	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP	P MELOY, MICHAEL 3308 MORRISON AVE. TAMPA FL 33629 VP MELOY, LINDA 3308 MORRISON AVE.	ND DIRECTORS DELE	133 TE 1.11 1.21 1.33 1.44 TE 2.11 2.21 2.33 2.74 TE 3.11	NAME STREET CITY-ST TITLE NAME STREET CITY-ST	ADDRESS F-ZIP		S AND DIRECTO Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P MELOY, MICHAEL 3308 MORRISON AVE. TAMPA FL 33629 VP MELOY, LINDA 3308 MORRISON AVE.	ND DIRECTORS DELE	133 1.44 2.11 2.21 2.21 2.21 2.33 2.14 3.17 3.21 3.21 3.21 3.21 3.21 3.21 3.21 3.21	NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET TITLE	ADDRESS F-ZIP		S AND DIRECTO Change	Addition
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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.