FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000005156 (2)

1. Corporation Name
M.E.H. ENTERPRISES INC.

Principal Place of Business	Mailing Address
169 BIG OAK LANE WILDWOOD FL 34785	169 BIG OAK LANE WILDWOOD FL 34785

3. Date Incorporated or Qualified: 01/21/1994
3a. Date of Last Report: 01/31/1995
4. FEI Number: 59-3222988 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 63 SEMINOLE PATH	26 63 SEMINOLE PATH
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WILDWOOD FL	City & State 28 WILDWOOD FL
Zip 24 34785 — Country 25 SUMTER	Zip 29 34785 — Country 30 SUMTER

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARRIS, MARTHA E
169 BIG OAK LANE
WILDWOOD FL 34785

10. Name and Address of New Registered Agent

81 Name: HARRIS, MARTHA E.
82 Street Address (P.O. Box Number is Not Acceptable): 63 SEMINOLE PATH
83
84 City: WILDWOOD FL 85 Zip Code: 34785

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: MARTHA E. HARRIS — Martha E Harris — DATE: 2/12/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	☐ DELETE	1.1 TITLE	DST ☒ Change ☐ Addition
NAME	HARRIS, MARTHA E		1.2 NAME	HARRIS, MARTHA E.
STREET ADDRESS	169 BIG OAK LANE		1.3 STREET ADDRESS	63 SEMINOLE PATH
CITY-ST-ZIP	WILDWOOD FL 34785		1.4 CITY-ST-ZIP	WILDWOOD FL 34785
TITLE	P	☐ DELETE	2.1 TITLE	P ☒ Change ☐ Addition
NAME	HARRIS, WILLIAM C		2.2 NAME	HARRIS, WILLIAM C.
STREET ADDRESS	169 BIG OAK LANE		2.3 STREET ADDRESS	63 SEMINOLE PATH
CITY-ST-ZIP	WILDWOOD FL 34785		2.4 CITY-ST-ZIP	WILDWOOD FL 34785
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: MARTHA E. HARRIS — Martha E Harris — Date: 2/12/96 — Daytime Phone #: 352 748 2197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)