

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 # **P94000062603 (3)**

1. Corporation Name

MAYER ENTERPRISES, INC.



Principal Place of Business

**101 BAYVIEW BLVD
OLDSMAR FL 34677
US**

Mailing Address

**101 BAYVIEW BLVD
OLDSMAR FL 34677
US**

3. Date Incorporated or Qualified
08/22/1994

3a. Date of Last Report
05/11/1995

2. Principal Place of Business
21 **32884 U.S. Hwy. 19 N.**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 **Palm Harbor, FL**

27 City & State

24 Zip **34684** Country **USA**

28 Zip Country

4. FEI Number
APPLIED FOR 59-3315176

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

9. Name and Address of Current Registered Agent

**SUNNE, KENNETH A
1151 N.E. CLEVELAND STREET
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81 Name
Joyce M. Sanders

82 Street Address (P.O. Box Number is Not Acceptable)
2715 Montague Ct. E.

83

84 City **Clearwater**

FL 85 Zip Code **34621**

11. Pursuant to the provisions of Sections 607.002 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

Joyce M. Sanders

(NOTE: Registered Agent signature required when reinstating)

2/14/96

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
SANDERS, JASON L
STREET ADDRESS
2825 COUNTRYBROOK DR K-13
CITY - ST - ZIP
PALM HARBOR FL

1.2 TITLE ☐ DELETE

NAME
SANDERS, JAIME L
STREET ADDRESS
1995 B KIMBERLY VILLAGE LANE
CITY - ST - ZIP
MARIETTA GA

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

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

34684

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**2715 Montague Ct. E.
Clearwater, FL 34621**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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: **Jason L. Sanders**
Jason L. Sanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96

813-789-3771

Date

Daytime Phone

CR2E034 (12/95)