

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000080441 (6)**

1. Corporation Name

MEH VENTURES, INC.

Principal Place of Business
**4401 WHITEWAY DAIRY RD.
FORT PIERCE FL 34952**

Mailing Address
**4401 WHITEWAY DAIRY RD.
FORT PIERCE FL 34952**

FILED
95 JUL 14 AM 11:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		11/02/1994			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0530630		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		☒		☐	
Zip		Zip		6. Election Campaign Financing		5.00 May Be Added to Fees	
24		29		Trust Fund Contribution		☐	
Country		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☒ No	
25		30					

9. Name and Address of Current Registered Agent

**GUETTLER, PHILIP G
4401 WHITEWAY DAIRY RD.
FORT PIERCE FL 34952**

10. Name and Address of New Registered Agent

81 Name **MICHAEL E. HAINES**
82 Street Address (P.O. Box Number is Not Acceptable)
801 S. OCEAN DR. # 602
83
84 City **FT. PIERCE** FL 85 Zip Code **34949**

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 **MICHAEL E. HAINES (PRESIDENT)** *Michael E. Haines* 7/11/95
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	☐ Change ☐ Addition
NAME	DPS HAINES, MICHAEL E	1.2 NAME	
STREET ADDRESS	4401 WHITEWAY DAIRY RD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	FORT PIERCE FL 34952	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		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)(b), 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 addition.

SIGNATURE: **MICHAEL E. HAINES** *Michael E. Haines* 7/11/95 407-461-8345
Signature and typed or printed name of signing officer or director (Print Name)