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

**PROFIT** CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P95000047771 (7)

MEGA POWER OF VIRGINIA, INC.

## **FILED** Sep 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						- i naditadi tih talah kilit antil matit Aditt A	KULU MANDAL ANDAH ANDAH AND	IAH ALBI TABI
3093 46TH AV ST. PETE FL	3093 46TH AVE. NORT ST. PETE FL 33714							
1						DO NOT WRITE IN  3. Date Incorporated or Qualified	THIS SPACE	
1						06/13/1995		ſ
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	I IAI	oplied for
21 26						59-3326602	<del> </del>	ot Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.		w		5. Certificate of Status Desired	\$8.75	Additional
22 27						5. Certificate of Status Desired	Fee Re	equired
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be
23	28					Trust Fund Contribution L		to Fees
Zip	իդ ´ ├—դ ՝ ├—դ		├ <del>─</del> ¬	Country		8. This corporation owes or has paid t		1
24	25] 9. Name and Address of Currer	29 Agent	30			Personal Property Tax due June 30  10. Name and Address of New Regis		] No
500		it negleteren Agent		81	Name	10, Mario and Address of New Hegis	tered Agoin	
	DGEN, GRADY C III							
3093 46TH AVE. NORTH ST. PETE FL 33714				82	Street Address (P.O. Box Number is Not Acceptable)			}
` 31.	FEIE FL 33/ 14			63				
•				84	City		FL 85 Zip	Code
office or re agent. I ar	o the provisions of Sections 607,050 egistered agent, or both, in the State a familiar with, and accept the oblig	of Florida. Such change wa	s authorizei	d by t	named corp the corporati	oration submits this statement for the purrion's board of directors. I horoby accept the	ose <b>of</b> changing i le ap <b>po</b> intment as	is registered registered
SIGNATURE	Signature, typed or printed name of registered aga	ent and trie if applicable (N	O1+: Registered	d Agent	signature require	ed when reinstanug)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		
THLE	0	☐ DELETE	1.1 11	ILE	.		☐ Change	Addition
NAME	PRIDGEN, GRADY C III		1.2 N/	ME				;
STHEET ADDRESS	3093 46TH AVE. NORTH		1.3 ST	REE1 A	DORESS			ļį
CITY-ST-ZIP				1.4 CITY-ST-ZIP				
31115	•			2.1 TITLE			☐ Change	Addition 19
NAME	PRIDGEN, CHRISTOPHER M			2.2 NAME 2.3 STREET ADDRESS				<b>\</b>
STREET ADDRESS	3093 46TH AVE. NORTH							İ
CITY-ST-ZIP TITLE	ST. PETE FL 33714			2. 4 CITY - S1 - ZIP 3.1 TITLE			Change	Addition
NAME	בן מנונונ			3.1 HILE 3.2 NAME			€ Orientife	//Juli/Jil
STREET ADDRESS					DORESS			-
City-St-ZiP				IIY-SI-				1
TOLE				4.1 101LE			Change	Addition
NAME			4. 2 N	AME				1
STREET ADDRESS					DDRESS			
CHY-ST-ZIP				1Y-S1-				l l
TOLE			5.1 Tr	5.1 TITLE			Change	Addition
NAME	5.2		5.2 NA	5.2 NAME		-09/29/9901007-	853	
STREET ADDRESS			5 3 ST	REE1 AC	ODRESS	09/29/9801007-	1103	
CITY-ST-ZIP			5.4 Cf	Y-SI-	ZIP	***165.00		
TITLE		DELETE:	6170	LE			☐ Change	Addition
NAME			6.2 NA	M(				1'v ol
STREET ADDRESS			6.3 <b>S</b> T	REET AI	DORESS			10/ E.
CITY-ST-ZIP			6.4 CI	IY-\$1-	ZIP			

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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 of the receiver of 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 or an attachment with an address.