

**FILE NOW: FILING FEE AFTER MAY 1 IS \$100.00**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**  
 97 OCT 16 AM 9:07  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P95000053078**  
 1. Corporation Name

**MEMCO Inc.,  
 P.O.Box 340  
 Killarney, Fl. 34711**

Principal Place of Business

Mailing Address

2. Principal Place of Business  
 21 **17949 W. St. Rd. 50**

2a. Mailing Address  
 26 **P.O.Box 340**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
**Killarney, Fl.**

27 City & State  
**Killarney, Fl.**

23 Zip Country  
**34740 USA**

28 Zip Country  
**34740 USA**

3. Date Incorporated or Qualified  
**07/05/95**

3a. Date of Last Report  
**05/16/96**

4. FEI Number  
**59-3323148**

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

10. Name and Address of New Registered Agent

**Michael Evans  
 P.O.Box 340  
 Killarney, Fl. 34740**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**17949 W. St Rd 50**

83

84 City

**10000232314871** Code -- 5

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 additional obligations of an agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Michael Evans</b>	1.2 NAME	
STREET ADDRESS	<b>President/Dir</b>	1.3 STREET ADDRESS	<b>17949 St Rd 50 West</b>
CITY-ST-ZIP	<b>P.O.Box 340, Killarney, Fl.</b>	1.4 CITY-ST-ZIP	<b>Killarney, Fl. 34740</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>William Stamp</b>
STREET ADDRESS	<b>17949 St Rd 50 West</b>	2.3 STREET ADDRESS	<b>Sec/Dir</b>
CITY-ST-ZIP	<b>Killarney, Fl. 34740</b>	2.4 CITY-ST-ZIP	<b>P.O.Box 340, Killarney, Fl. 34740</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 secretary 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: *Michael S. Evans*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL S. EVANS** 9/17/97 407-656-6501  
 Date Daytime Phone #

CR2E034 (9/96)