

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 11 1998 8:00am
Secretary of State

DOCUMENT # P95000087487 (1)

1. Corporation Name
M.E. HARVIN, INC.



Principal Place of Business
240 PLANT AVENUE SOUTH, SUITE A-200
TAMPA FL 33606

Mailing Address
240 PLANT AVENUE SOUTH, SUITE A-200
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1995

4. FEI Number

59-3344381

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 100 ATC Suite 150

Suite, Apt. #, etc.

22 1575 Northside Dr NW

City & State

23 ATLANTA GA

Zip

24 30318

Country

25 USA

2a. Mailing Address

26 100 ATC Suite 150

Suite, Apt. #, etc.

27 1575 Northside Dr NW

City & State

28 ATLANTA GA

Zip

29 30318

Country

30 USA

9. Name and Address of Current Registered Agent

HARVIN, MICHAEL E
240 PLANT AVENUE SOUTH, SUITE A-200
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

Jana Andrews

82 Street Address (P.O. Box Number is Not Acceptable)

2807 W. Busch Boulevard

83 Suite 202

84 City
Tampa

FL FL

85 Zip Code
33618

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 Jana Andrews
Signature, typed or printed name of registered agent and title if applicable

Jana Andrews, Attorney

8/5/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HARVIN, MICHAEL E
STREET ADDRESS 240 PLANT AVENUE SOUTH, SUITE A-200
CITY-ST-ZIP TAMPA FL 33606

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 100 ATC Suite 150, 1575 Northside Dr NW
1.4 CITY-ST-ZIP ATLANTA GA 30318

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

Jana Andrews

7-6-98 4/4-350 8448

CR2E034 (5/98)