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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000014444**1. Corporation Name

ADAIR-MESH INVESTMENTS, INC.

_	4. (1) 1			2. -			
Principal Place		Mailing Address					
2030 CAPPS RI	D.	2030 CAPPS RD.			1		
LAKE WALES FL 33853 LAKE WALES FL 33853				DO NOT WRITE IN THIS SPACE		•	
	*	•			Date Incorporated or Qualifed		
					02/12/1996		1
0.00	to a second December 1	2a. Mailing Address			4. FEI Number	An	plied For
	lace of Business	<u> </u>			59-3364636		t Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.				/ \$8.75 4	:
	#, Bio.	27			5. Certificate of Status Desired	Fee Re	
City & State	8	City & State			6. Election Campaign Financing	_ \$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Country	у	8. This corporation owes the curre	nt year Intangible	7.
24 25 29 30			30		Personal Property Tax.	Yes	No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	egistered Agent	
	7 67 333	Right of the form field in	81	Name			ļ
MES	H, RONALD		82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)	
	CAPPS RD		[-	0.00007.000.0		e digest the a least trade week.	#1811 A191 1581
LAKI	E WALES FL 33853		83	3	基份報道等計劃 數		200
	. <u></u>		B4	1 City	<u> </u>	85 Zip (Code
MONITATION OF				1	·		
		and 607.1508, Florida Statute	s, the abov	ve-named corpo	oration submits this statement for the p	ourpose of changing its	registered
office or r						the appointment as re	aisterea i
agent, La	m familiar with, and accept the obligati	of Florida: Such change was au ions of, Section 607.0505, Flori	ithorized by ida Statute	y the corporatio s.	in's board of directors. I hereby accept	the appointment as re	gistered
	egistered agent, of both, in the state of	of Florida: Such change was autions of Section 607.0505, Flori	ithorized by	the corporatio	oration submits this statement for the pin's board of directors. I hereby accept	14199	gistered
agent. I a SIGNATURE	egistered agent, or both, in the state of mamiliar with, and accept the obligation of the control of the contro	ions of, Section 607.0505, Flori	ithorized by ida Statute Registered Age	the corporation	when reinstating)	14 99 DATE	
	Signature, typed or printed name of registered agent	ons of Section 607.0505, Flori and title if applicable. (NOTE: D DIRECTORS	ida Statute Registered Age	the corporation	I when reinstating)	DATE CERS AND DIRECTO	PRS IN 12
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14. I 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 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 chapted, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

FILED

Feb 05, 1999 8:00am

Secretary of State

02-05-1999 90020 046 ***158.75