

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90057 044 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048173

1. Corporation Name
MEEKER & ASSOCIATES, INC.

Principal Place of Business
2531 WHALE HARBOR LN
FT LAUDERDALE FL 33312
US

Mailing Address
2531 WHALE HARBOR LANE
FT LAUDERDALE FL 33312
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/03/1996

4. FEI Number
65-0678840

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 Same

2a. Mailing Address
26 Same

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

MEEKER, JEANNIE
2531 WHALE HARBOR LN
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 *Jeannie Meeker*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/20/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MEEKER, JEANNIE
STREET ADDRESS 2301 SW 18TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Jeannie Meeker
1.3 STREET ADDRESS 2531 Whale Harbor Ln.
1.4 CITY-ST-ZIP Ft. Lauderdale FL 33312

2.1 TITLE Vice President
2.2 NAME Paul. A. Meeker
2.3 STREET ADDRESS 2531 Whale Harbor Ln.
2.4 CITY-ST-ZIP Ft. Lauderdale FL 33312

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

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

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

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeannie Meeker*
Signature and typed or printed name of signing officer or director

4/20/99 954-587-7222
Date Daytime Phone #

CR2E034 (1/198)