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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000058459 (4)

1. Corporation Name
MEHARG-CARSUS, INC.

Principal Place of Business
2781 W. STATE RD. 434
LONGWOOD FL 32779

Mailing Address
2781 W. STATE RD. 434
LONGWOOD FL 32779-4880



2. Principal Place of Business

21 FLORIDA MALL

2a. Mailing Address

26 PO Box 915347

Suite, Apt. #, etc.

22 8001 S ORANGE BLOSSOM JR. #702

City & State

23 ORLANDO, FL

City & State

28 LONGWOOD, FL

Zip

24 32809

Country

25 USA

Zip

29 32791-5347

Country

30 USA

3. Date Incorporated or Qualified

07/11/1996

3a. Date of Last Report

4. FEI Number

59-3390245

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

DOUGHERTY, PATRICK J
2781 W. STATE RD. 434
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

PAMELA G. MEHARG

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

637-103 SABAL LAKE DRIVE

83

84 City

LONGWOOD

FL

85 Zip Code

32779

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

PAMELA G. MEHARG

PAMELA G. MEHARG

1/14/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P MITCHELL, DAVE
STREET ADDRESS 2781 W. STATE RD. 434
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ DELETE

NAME ST MEHARG, PAMELA
STREET ADDRESS 2781 W. STATE RD. 434
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 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:

PAMELA G. MEHARG

Date

Daytime Phone #

CR2E034 (9/96)