

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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90074 029 \*\*\*150.00

DOCUMENT # P96000074219

1. Corporation Name  
JOHN S. MENARD, INC.

Principal Place of Business

~~500 E. KENNEDY BLVD.~~  
~~100~~  
~~TAMPA FL 33602-4129~~  
~~US~~

Mailing Address

~~500 E. KENNEDY BLVD.~~  
~~100~~  
~~TAMPA FL 33602~~  
~~US~~

2. Principal Place of Business

21 803 E. WASHINGTON ST

Suite, Apt. #, etc.

22

City & State

23 Tampa FL

Zip

24 33602-4129

Country

25 USA

2a. Mailing Address

26 P.O. Box 3366

Suite, Apt. #, etc.

27

City & State

28 Tampa FL

Zip

29 33601-3366

Country

30 USA

9. Name and Address of Current Registered Agent

~~ELLIS, DAVID R~~  
~~500 E. KENNEDY BLVD.~~  
~~STE. 100~~  
~~TAMPA FL 33602~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1996

4. FEI Number

59-3404198

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

JOHN S. Menard

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

803 E. WASHINGTON STREET

83

84 City Tampa

FL

85 Zip Code

33602 4129

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

*John S. Menard*

JOHN S. Menard

1/15/99

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 ~~ELLIS, DAVID R~~  
STREET ADDRESS ~~500 E. KENNEDY BLVD., STE. 100~~  
CITY-ST-ZIP ~~TAMPA FL~~

TITLE ☐ DELETE

NAME MENARD, JOHN S  
STREET ADDRESS ~~500 E. KENNEDY BLVD., STE. 100~~  
CITY-ST-ZIP ~~TAMPA FL~~

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 D BEVERLY Y. Menard  
1.3 STREET ADDRESS 803 E. WASHINGTON ST.  
1.4 CITY-ST-ZIP TAMPA, FL 33602-4129

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 803 E. WASHINGTON ST  
2.4 CITY-ST-ZIP TAMPA, FL 33602-4129

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

*John S. Menard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/99

Daytime Phone #

813 229-3100

CR2E034 (1/198)

0383341