

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
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90079 002 ***150.00

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DOCUMENT # P96000085245

1. Corporation Name

~~C.M. MEEKS & COMPANY, P.A.~~ Amendment 12/24/98

Meeks, Dorman & Company, P.A.

Principal Place of Business

2101 WEST ST A434
SUITE 213
LONGWOOD FL 32779
US

Mailing Address

2101 WEST SR 434
SUITE 213
LONGWOOD FL 32779
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1996

4. FEI Number

59-3405715

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

2. Principal Place of Business

2180 West State Road 434

2a. Mailing Address

2180 West State Road 434

Suite, Apt. #, etc.

Suite 4148

Suite, Apt. #, etc.

Suite 4148

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32779

Country

US

Zip

32779

Country

US

9. Name and Address of Current Registered Agent

MEEKS, CHARLIE M
2101 WEST SR 434
SUITE 213
LONGWOOD FL 32779

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

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

(NOTE: Registered Agent signature required when reinstating)

3/26/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MEEKS, CHARLIE M

STREET ADDRESS 2101 WEST SR 434, SUITE 213

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Meeks, Charlie M

1.3 STREET ADDRESS 2180 West State Road 434, Suite 4148

1.4 CITY-ST-ZIP Longwood, FL 32779

2.1 TITLE Vice President ☒ Change ☐ Addition

2.2 NAME Dorman, Jr., James B.

2.3 STREET ADDRESS 2180 West State Road 434, Suite 4148

2.4 CITY-ST-ZIP Longwood, FL 32779

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLIE M. MEEKS

Date

3/26/99

Daytime Phone #

(407) 796-1500

CR2E034 (11/98)