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FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000089606 (3)

1. Corporation Name

MEELER'S HOME REPAIR, INC.

Principal Place of Business

519 EAST PASADENA AVE.
CLEWISTON FL 33440

Mailing Address

519 EAST PASADENA AVE.
CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 519 E PASADENA AVE
Suite, Apt. #, etc.

22 City & State
23 CLEWISTON, FL

24 Zip Country
25 33440 HENDRY

2a. Mailing Address

26 P.O. BOX 42
Suite, Apt. #, etc.

27 City & State
28 CLEWISTON, FL

29 Zip Country
30 33440 HENDRY

3. Date Incorporated or Qualified

10/24/1996

4. FEI Number

65-0703536

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MEELER, REBECCA
519 EAST PASADENA AVE.
CLEWISTON FL 33440

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 *Becky Mullen*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME S
STREET ADDRESS S LAUGHTER, RICHARD
CITY-ST-ZIP 519 EAST PASADENA AVE.
CLEWISTON FL 33440

TITLE ☐ DELETE
NAME VP
STREET ADDRESS MEELER, REBECCA
CITY-ST-ZIP 519 EAST PASADENA AVE.
CLEWISTON FL 33440

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

11 TITLE ☐ Change ☒ Addition
12 NAME P
13 STREET ADDRESS HARVEY RAY MEEREN JR
14 CITY-ST-ZIP 519 E. PASADENA AVE
CLEWISTON, FL 33440

21 TITLE ☐ Change ☒ Addition
22 NAME S
23 STREET ADDRESS JOHN W. DURANCE
24 CITY-ST-ZIP 1326 HODDERS POINT ROAD
CLEWISTON, FL 33440

31 TITLE ☐ Change ☒ Addition
32 NAME T
33 STREET ADDRESS ALAN R. PHILLIPS
34 CITY-ST-ZIP 657 MONTANA AVE
CLEWISTON, FL 33440

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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.

CR2E034 (10/97)