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

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

**SHITE 210** 

26

483 MANDALAY AVENUE

CLEARWATER BEACH FL 34630-2008

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CLEARWATER BEACH FL 34630

2. Principal Place of Business

Suite, Apt. #, etc

SIGNATURE:

483 MANDALAY AVENUE

SUITE 210

21



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State → ►
DIVISION OF CORPORATIONS

## DOCUMENT # P96000093771 (9)

MEIER TRANSPORTATION, INC.

Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name KRUG, ROBERT ESQ. 4010 BOY SCOUT BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 590 83 **TAMPA FL 33607** 84 City 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 Silgnative, typed or printed name of registered agent and fille if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 96/6) 13. .... DELETE Addition TITLE 1.1 TITLE Change MEIER, MARCO NAME 1.2 NAME 483 MANDALAY AVENUE, SUITE 210 STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER BEACH FL 34630** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZUF 2. 4 CITY - ST - ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET AUDRESS 3.4. CITY-ST-ZIP City-St-7IP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 61 TITLE 70000208335 -02/11/97--01042--032 \*\*\*165.00 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIF 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 armual 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

TIN MARIO MEIER 1/24/97

FILED Feb 10 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

П

3. Date Incorporated or Qualified

5. Certificate of Status Desired

11/15/1996 4. FEI Number