

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 25, 1999 8:00 am  
Secretary of State

02-25-1999 90015 006 \*\*\*150.00

0487891

DOCUMENT # P97000008775

1. Corporation Name

MELIC ENTERPRISES, INC.



Principal Place of Business

2259 WEST HOWARD PLACE  
DUNNELLO FL 34435

Mailing Address

2259 WEST HOWARD PLACE  
DUNNELLO FL 34435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1997

4. FEI Number

59-3424354

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 11582 N. Williams St.

2a. Mailing Address

26 12092 Magnolia St.

Suite, Apt. #, etc.

22 500

Suite, Apt. #, etc.

27

City & State

23 Dunnellon Florida

City & State

28 Dunnellon, FL

Zip

24 34432

Country

25 Marion

Zip

29 34432

Country

30 Marion

9. Name and Address of Current Registered Agent

JOHNSON, ERIC  
2259 WEST HOWARD PLACE  
DUNNELLO FL 34435

10. Name and Address of New Registered Agent

81 Name

Johnson, Eric

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

12092 Magnolia St.

83

84 City

Dunnellon

FL

85 Zip Code

34432

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.

Eric F. Johnson

1-13-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JOHNSON, ERIC  
STREET ADDRESS 2259 WEST HOWARD PLACE  
CITY-ST-ZIP DUNNELLO FL 34435

TITLE D ☐ DELETE

NAME JOHNSON, MELISSA  
STREET ADDRESS 2259 WEST HOWARD PLACE  
CITY-ST-ZIP DUNNELLO FL 34435

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D  
Johnson, Eric  
12092 Magnolia St  
Dunnellon FL 34432

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D  
Johnson, Melissa  
12092 Magnolia St  
Dunnellon FL 34432

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric F. Johnson

1-13-99

352 489 4010

Date

Daytime Phone #

CR2E034 (11/98)