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Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90262 028 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000013228

1. Corporation Name

MEDICAL EQUIPMENT & MORE, INC.



Principal Place of Business

2802 W. WATERS AVE  
TAMPA FL 33614

Mailing Address

P.O. BOX 23642  
TAMPA FL 33623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1997

4. FEI Number

59-3409203

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 8322 N. Habana Ave.

Suite, Apt. #, etc.

City & State

23 Tampa, FL

Zip

24 33614

Country

25 US

2a. Mailing Address

26 8322 N. Habana Ave.

Suite, Apt. #, etc.

City & State

28 Tampa, FL

Zip

29 33614

Country

30 US

9. Name and Address of Current Registered Agent

WUBBENA, TROY  
720 WOODMONT DR  
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

Wubben, Troy

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

2965 Maple Trace Drive

83

84

Tarpon Springs

FL

85 Zip Code

34689-2644

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT  
NAME WUBBENA, TROY  
STREET ADDRESS 720 WOODMONT DR  
CITY-STATE-ZIP TARPON SPRINGS FL 34689

TITLE DVS  
NAME TITUS, KEITH  
STREET ADDRESS 13006 PRESTWICK DRIVE  
CITY-STATE-ZIP RIVERVIEW FL 33569

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13.

1.1 TITLE DPT  
1.2 NAME Wubben, Troy  
1.3 STREET ADDRESS 2965 Maple Trace Drive  
1.4 CITY-STATE-ZIP Tarpon Springs, FL 34689-2644

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Titus 04/23/99 813-930-6188

CR2E034 (11/98)