

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

FILED

Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000072136 (9)**

1. Corporation Name

MERIDIAN INFORMATION SYSTEMS, INC.

Principal Place of Business

**15439 PLANTATION OAKS DR #13
TAMPA FL 33647**

Mailing Address

**15439 PLANTATION OAKS DR #13
TAMPA FL 33647**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1997

4. FEI Number

59-3462378

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

2. Principal Place of Business

21 15501 BRUCE B. DOWN'S BLVD

Suite, Apt. #, etc.

22 SUITE 3508

City & State

23 TAMPA, FL

Zip **24 33647**

Country **25 USA**

2a. Mailing Address

26 15501 BRUCE B. DOWN'S BLVD

Suite, Apt. #, etc.

27 SUITE 3508

City & State

28 TAMPA, FL

Zip **29 33647**

Country **30 USA**

9. Name and Address of Current Registered Agent

**GULLAPALLI, AJAY
15439 PLANTATION OAKS DR #13
TAMPA FL 33647**

10. Name and Address of New Registered Agent

81 Name GULLAPALLI, AJAY

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

15501 BRUCE B. DOWN'S BLVD, #3508

83

84 City TAMPA

FL

85 Zip Code

33647

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

(AJAY GULLAPALLI)

4/3/98

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 D
NAME GULLAPALLI, AJAY
STREET ADDRESS 15439 PLANTATION OAKS DR #13
CITY-ST-ZIP TAMPA FL 33647

☐ DELETE

TITLE D
NAME MANNE, VENKATA POORNA
STREET ADDRESS 4001 PELHAM RD #39
CITY-ST-ZIP GREER SC 29650

☒ DELETE

TITLE D
NAME YALAVARTHY, AMAR KUMAR
STREET ADDRESS 230 PELHAM RD #32
CITY-ST-ZIP GREER SC 29615

☒ DELETE

TITLE D
NAME CHALASANI, SUNIL
STREET ADDRESS 28905 FRANKLIN RD #173
CITY-ST-ZIP SOUTHFIELD MI 48034

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME ANULA, MANNE
1.3 STREET ADDRESS 4001 PELHAM ROAD, #39
1.4 CITY-ST-ZIP GREER, SC 29650

☐ Change ☒ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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.

SIGNATURE:

(AJAY GULLAPALLI)

4/3/98

(813) 615 1279

CR2E034 (10/97)