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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**DIVISION OF CORPORATIONS** 

## Apr 07, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

04-07-1999 90092 008 \*\*\*150.00

FILED

DOCUMENT # P9800000766 1. Comoration Name MENGER ASSOCIATES, INC. Mailing Address Principal Place of Business 102 SOUTH 39TH STREET 102 SOUTH 39TH STREET MEXICO BEACH FL 32410 MEXICO BEACH FL 32410 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 01/05/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 487389 59-3 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State Election Campaign Financing П Added to Fees 28 Trust Fund Contribution 23 Country Country Zip This corporation owes the current year Intangible Zip ΧNο 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HARRISON, FRANKLIN R Street Address (P.O. Box Number is Not Acceptable) 304 MAGNOLIA AVE. PANAMA CITY FL 32401 83 85 Zip Code 84 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition ☐ DELETE Change 1.1 TITLE TITLE MENGER, JOHN H 1.2 NAME NAME 1404 W. PARK LANE 1.3 STREET ADDRESS STREET ADDRESS CALLAWAY FL 32404 1.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition □ DELETE 2.1 TITLE TITLE MENGER, DONNA J 2.2 NAME NAME 1404 W. PARK LANE 2.3 STREET ADORESS STREET ADDRESS CALLAWAY FL 32404 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 3.1 TITLE MENGER, THOMAS 3.2 NAME NAME-102 SOUTH 39TH STREET 3.3 STREET ADDRESS STREET ADORESS MEXICO BEACH FL 32410 3.4 CITY-ST-7IP CITY-ST-ZIP Change [ ] Addition ☐ DELETE 4.1 TITLE TITLE MENGER, ANITA L 4. 2 NAME NAME 102 SOUTH 39TH STREET STREET ADORESS 4.3 STREET ADDRESS **MEXICO BEACH FL 32410** 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 indicated on this annual report or supplies that my signature and accurate and that my signature shall have the same legal effect as if made under oath; that I am on 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP