Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90033 041 \*\*\*150.00

## 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

i. Corporados	MENT # <b>P98000</b> MEYER, INC.	048303					
Principal Place of Business Mailing Address					T CONTRANT REAL TRANT TO AND THE COURT	MOTEL MAINT BERRY TREES	INITERIOR CONTRACTOR
7300 BRYAN DAIRY ROAD SUITE 475 CARGO FL 33777 LARGO FL 33777							
						E IN THIS SPACE	<u></u>
					3. Date Incorporated or Qualifed		
Principal Place of Business 2a. Mailing Address					05/29/1998 4. FEI Number	<del></del>	Applied For
		2a. Mailing Address		59-351757	<b>9</b> H	Not Applicable	
26   Suite, Apt. #, etc.   Suite, Apt. #						\$8.7	5 Additional
22 27					5. Certifcate of Status Desired	4	Required
City & State City & State					6. Election Campaign Financing	<u> </u>	00 May Be
28					Trust Fund Contribution Added to Fees		
Zip	Country Zip		Country		8. This corporation owes the current year Intangible		
24	25 29 30		30		t orbottan reporty ran		□No
	9. Name and Address of Curren	t Registered Agent	81		10. Name and Address of New Re	gistered Agent	
MCCAIN, CARTER B ESQ 2300 PARK TOWER				Name Street Addi	ress (P.O. Box Number is Not Acceptab	le)	
400 NORTH TAMPA STREET			83				
TAMPA FL 33602			84	City		85   2	Zip Code
				-		.FL <u> ``</u>	<u> </u>
office or re agent. I a	egistered agent, or both, in the State on the miliar with, and accept the obligations.	of Florida. Such change was au lions of, Section 607.0505, Flori	thorized by da Statutes	the corporate	oration submits this statement for the pi on's board of directors. I hereby accept	urpose of changing the appointment a	j its registered s registered
	Signature, typed or printed name of registered agen	D DIRECTORS	13.	nt signature require	ADDITIONS/CHANGES TO OFFI		CTORS IN 12
12. TITLE	P Randall	DELETE	1.1 TITLE		ADDITIONS/CITATIONS TO CITY	☐ Char	
NAME			1.2 NAME			_	`
STREET ADDRESS	TOOD DOWALL DAIDY DOAD CHITE 475		1.3 STREET ADDRESS				
CITY-ST-ZIP	LABOA EL AGETT		1.4 CITY-S	]		•	
TITLE	\$	DELETE 2.11		····		Char	ge Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			.
CITY-ST-ZIP	LARGO FL 33777		2. 4 CITY-				ļ
TITLE			3.1 TITLE			☐ Char	ge Addition
NAME.	- 32		3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			)
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE	☐ DELETE 4.1 T		4.1 TITLE		•	Chai	nge 🔲 Addition
NAME			4. 2 NAME	-			
STREET ADDRESS			4.3 STREE	T ADDRESS	·		,
CITY-ST-ZIP			4.4 C/TY-S	IT-ZIP	· .		
TITLE		☐ DELETE	5.1 TITLE			Chai	nge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS				TADORESS	•		
CITY-ST-ZIP		[7] per err	5.4 CITY-S 6.1 TITLE	ST-ZIP		[T] Ch	nge Addition
TITLE		DELETE				Chai	ide 🗖 voquoti
IV-WIE			6.2 NAME	TADDOESS		•	Ì
STREET ADORESS			0.3 STREE	T ADDRESS			

6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE: