

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000082648**

1. Corporation Name

MEGGILEE HOLDING CORPORATION

Principal Place of Business

**41 COMMERCE ST
APALACHICOLA FL 32320**

Mailing Address

**41 COMMERCE ST
APALACHICOLA FL 32320**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1998

4. FEI Number

57-1072331-242312

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. ☐ Yes ☐ No

☐ Yes ☐ No

2. Principal Place of Business

21 Atlantic Bedding Brokers
Suite, Apt. #, etc.

2a. Mailing Address

26 GARY LOVETTE
Suite, Apt. #, etc.

22 809-1 SEABOARD ST.
City & State

27 413-44TH AVE N.
City & State

23 Myrtle Beach, SC.
Zip

28 Myrtle Beach, SC.
Zip

24 29577
Country

29 29577
Country

30 Horry

9. Name and Address of Current Registered Agent

**HEVER, JAN J
41 COMMERCE ST
APALACHICOLA FL 32320**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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	PD	<input type="checkbox"/> DELETE
NAME	LOVETTE, G LEE	
STREET ADDRESS	4000 SW 37TH BLVD, APT #322	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOVETTE, GARY	
STREET ADDRESS	413 44TH AVE N	
CITY-ST-ZIP	MYRTLE BEACH SC 29577	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **GARY LOVETTE**

7/16/99

843-445-9941

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90029 050 ***150.00

596813 - 90029 - 50



CR2E034 (5/99)

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596813-90029-50

DEAR Sir,

SINCE WE WERE INCORPORATED IN
SEPT, 98 I ASSUMED THAT WE RAN
YEAR TO DATE SINCE I HAD NOT RECEIVED
YOUR FIRST NOTICE FOR CORP ANNUAL REPORT.
IN THE FUTURE IF YOU WILL KINDLY
FORWARD THE NOTICE TO, I WILL

MEGGLEE HOLD CORP

c/o M. LOUETTE

413 44TH AVE N.

MYRTLE BEACH, SC 29577

RETURN THE NOTICE AND FEES IN
A PROMPT MANNER.

THANK YOU FOR ALL CONSIDERATION
GIVEN.

Yours
MARY LOUETTE, Director