PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90014 036 ***150.00

1. Corporation	MENI # P98000	U83295					
,	EE ENTERPRISES G.P., INC						
MEGANE	E ENTERPRISES G.F., INC	•		A PROBLEMAN DEM PRINCE SAULE DALLE ATTER SOCIAL CELLS III	HA CHALA IBIRI GIRI HABT		
Principal Place of Business Mailing Address			•		IIR 11919 (Btå) =:14 (Bå)		
		9008 S.W. 43RD LANE					
GAINESVILLE F		GAINESVILLE FL 32608		DO NOT WRITE IN THIS SPACE	`E		
	~ ~						
i				3. Date Incorporated or Qualifed O9/24/1998			
2 Division Division Address				4. FEI Number	Applied For		
Principal Place of Business 2a. Mailing Address					Not Applicable		
21 26 Suite, Apt. #: etc. Suite, Apt. #, etc.				\$8	.75 Additional		
		27		5. Certificate of Status Desired Fee Required			
City & State City & Sta		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution Added to Fees			
Ζiρ	Country	Zip	Country	e. this earpoiler. the control of th			
24	25	29 3	<u> </u>	Personal Property Tax.			
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Registered Agent	<u> </u>		
ION:	EC IOANINA		81 Name				
	ES, JOAN M		82 Street Ad	Address (P.O. Box Number is Not Acceptable)			
3308 S.W. 43RD LANE GAINESVILLE FL 32608			83				
Curui:	ALOVILLE I L SEUGO		63	_ ·			
			84 City	FL 85	Zip Code		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above-named co	poration submits this statement for the purpose of chang	ing its registered		
n#i∧a or r	egistered agent, or both, in the State o	of Florida. Such Chance was auti	horizad by Ina corocra	non's board of directors. I nereby accept the appointment	r sa rafhere.en		
agent. La	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	la Statutes.				
	m familiar with, and accept the obligat			poration submits this statement for the purpose of chang- tion's board of directors. I hereby accept the appointment			
SIGNATURE	Signature, typed or printed name of registered agent	t and title K applicable. (NOTE: Po	egistered Agent signature requ	red when reinstating) DATE			
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	t end tile if applicable. (NOTE: RI	egistered Agent signature requi	and when relocated plants ADDITIONS/CHANGES TO OFFICERS AND DIR	RECTORS IN 12		
SIGNATURE 12.	Signature, speed or punish name of registered agent OFFICERS ANI	t and title K applicable. (NOTE: Po	13.	and when relocated plants ADDITIONS/CHANGES TO OFFICERS AND DIR			
SIGNATURE 12. TITLE NAME	Signature, typed or pointed name of registered agent OFFICERS ANI D JONES, JOAN M	t end tile if applicable. (NOTE: RI	13. 1.1 TITLE 1.2 NAME	and when relocated plants ADDITIONS/CHANGES TO OFFICERS AND DIR	RECTORS IN 12		
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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 certify 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 charged, or on an attantiment with an address, with all other like empowered.

SIGNATURE:

STURE REQUIRED

ΓIL	E NUW: FILING FEE A	FIER MAY 151 IS	\$55	0.00	O	5-5-1887-90004-45			
co	PROFIT RPORATION UAL REPORT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				5-5-13-51-10007-1-5			
DOCU	MENT # P9800008329	95	_						
Megah	ee Enterprises, G.P.,	Inc.							
Principal Pla	ce of Business	Mailing Address							
9308 S.W. 43rd Lane 9308 S.W. 43rd Lane									
Gainesv	ille, Florida 32608	Gainesville, F	lor	ida 3	32608	DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualified September 24, 1998			
<u> </u>	Place of Business	2a. Mailing Address					plied For		
Suite, Apt	#, etc.	26 Suite, Apt. #, etc.					t Applicable		
22		27				5. Certificate of Status Desired X Fee Rei	I .		
City & Sta	ite	City & State.		-		-6. Election Campaign Financing - \$5:00 Trust Fund Contribution Added to			
Zip	Country	Zip	_	untry		8. This corporation owes the current year Intangible			
24	9. Name and Address of Current	29 3 Registered Agent	0			Personal Property Tax. Yes 10. Name and Address of New Registered Agent	□No		
Joan M.				81 N	ame	To wante and Address of New Registered Agent			
0000 0 77 40 77 7-11					ddress (P.O. Box Number is Not Acceptable)				
Gainesv	ille, Florida 32608			83					
				84 Ci	ity	FL 85 Zip C	ode		
onice or i	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligation	l Florida. Such change was aut/	orized	d by the :	med cor corpora	orporation submits this statement for the purpose of changing its ration's board of directors. I hereby accept the appointment as reg	egistered istered		
SIGNATURE							_		
12.	Signature, typed or printed name of registered agent OFFICERS AND		gistered 13.	Agent sign:	ature requi	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12		
TITLE	ID	☐ DELETE	1.1 T(TLE	1	DPS Change	RS IN 12		
NAME	JOAN M. JONES		I I Z I WOVIL		- 1	JOAN M. JONES			
STREET ADDRESS	9308 S.W. 43rd Lane Gainesville, Florida 32608		Ca			9308 S.W. 43rd Lane Gainesville, Florida 32608			
CITY-ST-ZIP TITLE	Gainesville, Florid	DELETE	14 Cf 21 Tf	TY-ST-ZIP		Gainesville, Flotida 32006	☐ Addition C		
NAME			2.2 NA			[_] Change	-1 Manion		
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CITY-ST-ZIP		· 	,2,4 C	ITY-ST-ZIP					
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TITLE		☐ DELETE	4.1 TI			☐ Change	Addition		
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STREET ADDRESS			4.3 ST	REET ADDR	RESS				
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CITE ST-ZIP			5.4 CIT	ry-st-zip			1		
TITLE		☐ DELETE	6.1 TIT	LE		☐ Change	Addition		

i.i. 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 on an attachment with an address, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

----EET ADDRESS

SIGNATURE: SIGNATURE/AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joan M. Jones