

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90059 006 ***150.00

DOCUMENT # P98000087082

1. Corporation Name
MMEL, INC.

Principal Place of Business
1737 PEMBROOKE WAY
LUTZ FL 33549

Mailing Address
1737 PEMBROOKE WAY
LUTZ FL 33549



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/12/1998

4. FEI Number 59-3552038 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 Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 10925 North 56th St.

2a. Mailing Address
26 10925 North 56th St.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State Temple Terrace, FL

28 City & State Temple Terrace, FL

24 Zip 33617 Country U.S.

29 Zip 33617 Country U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, TROY J
1737 PEMBROOKE WAY
LUTZ FL 33549

81 Name Troy J. Williams

82 Street Address (P.O. Box Number is Not Acceptable)
29515 Tansy Pass

83

84 City Wesley Chapel FL 85 Zip Code 33543

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 Troy J. Williams Troy J. Williams President 4-28-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME WILLIAMS, TROY J
STREET ADDRESS 1737 PEMBROOKE WAY
CITY-ST-ZIP LUTZ FL 33549

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME Troy J. Williams
1.3 STREET ADDRESS 29515 Tansy Pass
1.4 CITY-ST-ZIP Wesley Chapel FL 33543

TITLE DV
NAME BANKES, DAVID E
STREET ADDRESS 339 FAIRFIELD
CITY-ST-ZIP GRETN LA 70056

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Troy J. Williams SIGNATURE REQUIRED: Williams President 4-28-99 813-988-6525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)