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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S02567 (3)

1. Corporation Name
MEVA'S, INC.

Principal Place of Business

MEVA'S INC.
1516 NW 13TH ST
GAINESVILLE FL 32601
US

Mailing Address

MORATTO, MEVA LEE M.
~~4303 NW 10TH ST~~
GAINESVILLE FL 32609-1849
US



2. Principal Place of Business

21 1516 NW 13th St
Suite, Apt., etc.

2a. Mailing Address

26 3505 N.W. 6th St.
Suite, Apt., etc.

22 City & State

23 Gainesville Fla

24 32601

25 alachua

27 City & State

28 Gainesville Fla

29 32609

30 alachua

3. Date Incorporated or Qualified

09/25/1990

3a. Date of Last Report

05/16/1996

4. FEI Number

59-3084768

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MORATTO, MEVA LEE M.
1516 NW 13TH ST.
GAINESVILLE FL 32601

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

Meva Lee M. Moratto

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MORATTO, MEVA LEE M.
STREET ADDRESS 4303 NW 10TH ST
CITY, ST, ZIP GAINESVILLE FL

TITLE S ☐ DELETE

NAME MORATTO, EDWARD F.
STREET ADDRESS 4303 NW 10TH ST
CITY, ST, ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

14. I do 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:

Meva Lee M. Moratto

4-11-97

Date

352-322-4424

Daytime Phone #