FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

S21315

PRICE & MEEK DEVELOPMENT GROUP, INC.

Principal Place of Business Mailing Address 6299-5 POWERS AVENUE 6299-5 POWERS AVENUE JACKSONVILLE FL 32217 JACKSONVILLE FL 32217 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/24/1990 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-3048165 Not Applicable 21 26 Suite Ant #. etc. \$8.75 Additional Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes or has paid the current year Intangible Zip Country Personal Property Tax due June 30. ☐ Yes ∏ No 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PRICE, CHARLES **6299-5 POWERS AVENUE** Street Address (P.O. Box Number Is Not Acceptable) JACKSONVILLE FL 32217 Ŕĵ Zip Code 84 City 85 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 Change Addition DELETE 1.1 TITLE TIT1 F MEEK, MICHAEL C. 1.2 NAME NAME 1170 LAKEWOOD ROAD 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE PRICE, SAMUEL 2.2 NAME NAME **6299-5 POWERS AVENUE** 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE PRICE, CHARLES B. 3.2 NAME NAME 920 ORIENTAL GARDENS RD 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE PRICE, CHARLES B. 4 2 NAME NAME 920 ORIENTAL GARDENS RD 4.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE

14. Thereby 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.

63 STREET ADDRESS

64 CITY-ST-ZIP

62 NAME

Jan Com SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

nuc

2/27/98

FILED

Mar 13 1998 8:00am

Secretary of State