

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 21 1997 8:00am  
Secretary of State

DOCUMENT # **S34538**

(6)

1. Corporation Name

**MEL, INC., OF PERDIDO KEY, FLA.**

Principal Place of Business

**3960 NAVY BLVD.  
STE 39  
PENSACOLA FL 32507**

Mailing Address

**3960 NAVY BLVD.  
STE 39  
PENSACOLA FL 32507-1263  
US**

3. Date Incorporated or Qualified  
**02/18/1991**

3a. Date of Last Report  
**04/29/1996**

4. FEI Number

**59-3054193**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCALLUM, JAMES A.  
7213 FLOOD REEF  
PENSACOLA FL 32507**

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

(Type or print 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

1. TITLE ☐ DELETE  
NAME **DPS**  
STREET ADDRESS **MCCALLUM, JAMES A.**  
CITY-STATE-ZIP **7213 FLOOD REEF**  
**PENSACOLA FL**  
2. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
3. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
4. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
5. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
6. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/97**

**(904)**

**456-6616**

Date

Daytime Phone #

0488288

CR2E034 (9/96)