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



MEL, INC., OF PERDIDO KEY, FLA.

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State	Apr 09, 1999 8:00 am Secretary of State
1999		DIVISION OF CORPORATIONS	04-09-1999 90066 047 ***150.00
OCUMENT # S	34538		

Principal Place	e of Business	Mailing Address				1811 #1611 AIS11 AIS11 #11	81. 61611 1881
3960 NAVY BLV	tD.	3960 NAVY BLVD.					
STE 39		STE 39			DO NOT WRITE IN 1	HIS SDACE	
Pensacola fl Us	. 32507	PENSACOLA FL 32507 US			3. Date Incorporated or Qualified	INIS SPACE	
03		00			02/18/1991		ľ
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	olied For
21 700	NEW WARRINGTO	JE RD			59-3054193	Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	I .
22		27			J. Certificate of Citation Decorated	Fee Rec	quired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 ı	
23 PENS	GACOLA, FL Country	28			Trust Fund Contribution	Added to	Fees
	506 25 USA	Zip 3	Country	•	This corporation owes the current year Personal Property Tax.		□No
24 02	9. Name and Address of Current		"" 		10. Name and Address of New Registe	red Agent	
	o. Hallo alla radioso di Galtoni	**************************************	81	Name			
MCC	CALLUM, JAMES A.				(D.O. David Annual Alla)		
7213	FLOOD REEF		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	•	Ì
PEN	SACOLA FL 32507		83				
1			84	City		FL 85 Zip C	ode
			41	<u> </u>		1	registered
office or i	to the provisions of Sections 607,0502	f Flonda. Such change was aut	nonzed by	the corporatio	oration submits this statement for the purpos on's board of directors. I hereby accept the a	ppointment as reg	gistered
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations.	f Flonda. Such change was aut	norized by Ia Statutes	tne corporatio	on a board of directors. I nereby accept the a	ppointment as reg	gistered
office or i	registered agent, or both, in the State o	f Florida. Such change was aut en 50, Section 507.0555 Florid	norized by la Statutes Jam	the corporations.	McCallum, President	4/6/9	gistered
office or agent. Va	registered agent, or both, in the State of am familiar with, and accept the official state of the official sta	and title if applicable. (NOTE: R	norized by da Statutes Jam legistered Agen	tne corporatio	Mc Callum, President The reinstaling) Date of the reinstaling of the	4/6/9	gistered 2
office or agent. Va	registered agent, or both, in the State of the officeation of the offi	ons Section 507.0555 Floric and title if applicable. (NOTE: R	Jam legistered Agen	the corporations.	McCallum, President	4/6/9	gistered 2
office or agent. Paragraph of the state of t	registered agent, or both, in the State of im farmiar with, and accept the obligation of the state of implication of implication of the state of implication of implicati	and title if applicable. (NOTE: R	la Statutes Legistered Agen 13. 1.1 TITLE	the corporations.	Mc Callum, President The reinstaling) Date of the reinstaling of the	#/6/9 S AND DIRECTOR	RS IN 12
office or agent. Page 12. TITLE NAME	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of imfamiliar with, and accept the obligation of the state of imfamiliar with, and accept the obligation of the state of the s	ons Section 507.0555 Floric and title if applicable. (NOTE: R	la Statutes Jam legistered Agen 13. 1.1 TITLE 1.2 NAME	the corporatio	Mc Callum, fresident when reinstating) Date D	#/6/9 S AND DIRECTOR	RS IN 12
office or in agent. A signature 12. TITLE NAME STREET ADDRESS	of the State of the following project of the optional opti	ons Section 507.0555 Floric and title if applicable. (NOTE: R	la Statutes Legistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET	TADDRESS	Mc Callum, fresident when reinstating) Date D	#/6/9 S AND DIRECTOR	RS IN 12
office or in agent. A signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of imfamiliar with, and accept the obligation of the state of imfamiliar with, and accept the obligation of the state of the s	and title if applicable. O DIRECTORS	da Statufes Agen legistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	TADDRESS	Mc Callum, fresident when reinstating) Date D	#/6/9 S AND DIRECTOR	RS IN 12
office or in agent. A signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	of the State of the following project of the optional opti	ons Section 507.0555 Floric and title if applicable. (NOTE: R	da Statufes James 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	TADDRESS	Mc Callum, fresident when reinstating) Date D	# # G G E S AND DIRECTOI ☐ Change	RS IN 12
office or in agent. A signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of imfamiliar with, and accept the obligation of the state of imfamiliar with a complete of the state of the stat	and title if applicable. O DIRECTORS	Indicated by dia Statutes James 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS	Mc Callum, fresident when reinstating) Date D	# # G G E S AND DIRECTOI ☐ Change	RS IN 12
office of in agent. A signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of imfamiliar with, and accept the obligation of the state of imfamiliar with a complete of the state of the stat	and title if applicable. O DIRECTORS	Indicated by dia Statutes I a Statutes I a Statutes I 3. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	T ADDRESS	Mc Callum, fresident when reinstating) Date D	# # G G E S AND DIRECTOI ☐ Change	RS IN 12
office of ingent. A signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of imfamiliar with, and accept the obligation of the state of imfamiliar with a complete of the state of the stat	of Florida. Such change was autemated by Section 507,0585 Floridans and title if applicable. (NOTE: R	Indicated by dia Statutes I a STREET I A CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	T ADDRESS	Mc Callum, fresident when reinstating) Date D	# # G G E S AND DIRECTOI ☐ Change	RS IN 12
office of in agent. A signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of imfamiliar with, and accept the obligation of the state of imfamiliar with a complete of the state of the stat	and title if applicable. O DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	T ADDRESS ST-ZIP	Mc Callum, fresident when reinstating) Date D	H/G/G S AND DIRECTOI Change	RS IN 12 Addition
office of in agent. A signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	or familiar with, and accept the orbital of m familiar with, and accept the orbital of matter. I speed or printed name of misstered agent OFFICERS AND MCCALLUM, JAMES A. 7213 FLOOD REEF PENSACOLA FL	and title if applicable. (NOTE: R D DIRECTORS DELETE	Indicated by degistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS ST-ZIP	Mc Callum, fresident when reinstating) Date D	H/G/G S AND DIRECTOI Change	RS IN 12 Addition
office of ragent. A signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	or familiar with, and accept the orbital of m familiar with, and accept the orbital of matter. I speed or printed name of misstered agent OFFICERS AND MCCALLUM, JAMES A. 7213 FLOOD REEF PENSACOLA FL	and title if applicable. (NOTE: R D DIRECTORS DELETE	Indicated by degistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	T ADDRESS ST-ZIP T ADDRESS T ADDRESS	Mc Callum, fresident when reinstating) Date D	H/G/G S AND DIRECTOI Change	RS IN 12 Addition
office of ingent. If agent. If agent. If agent. If agent. If agent. If agent. If agent address city-st-zip title name street address city-st-zip title name street address city-st-zip title street address city-st-zip	or familiar with, and accept the orbital of m familiar with, and accept the orbital of matter. I speed or printed name of misstered agent OFFICERS AND MCCALLUM, JAMES A. 7213 FLOOD REEF PENSACOLA FL	of Florida. Such change was autemated by the section 807,0585 Florida and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE	Indicated by degistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS ST-ZIP T ADDRESS T ADDRESS	Mc Callum, fresident when reinstating) Date D	H/G/G S AND DIRECTOI Change	RS IN 12 Addition
office of ingent. If agent. If agent. If agent. If agent. If agent. If agent. If agent adoress city-st-zip title name street adoress city-st-zip title name street adoress city-st-zip title street adoress city-st-zip title	or familiar with, and accept the orbital of m familiar with, and accept the orbital of matter. I speed or printed name of misstered agent OFFICERS AND MCCALLUM, JAMES A. 7213 FLOOD REEF PENSACOLA FL	and title if applicable. (NOTE: R D DIRECTORS DELETE	Indicated by degistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	Mc Callum, President The reinstating) Date of the reinstating of the	S AND DIRECTOI Change	RS IN 12 Addition Addition
office of ingent. If agent. If agent. If agent. If agent. If agent. If agent. If agent adoress city-st-zip title name street adoress city-st-zip title street adoress city-st-zip title street adoress city-st-zip title name	registered agent, or both, in the State of im familiar with, and accept the obtination of familiar with, produced in familiar with and accept the obtination of familiar with a complete of familiar w	of Florida. Such change was autemated by the section 807,0585 Florida and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE	Indicated by last atules a Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	Mc Callum, President The reinstating) Date of the reinstating of the	S AND DIRECTOI Change	RS IN 12 Addition Addition
Office of ragent. A signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of im familiar with, and accept the obtination of familiar with, produced in familiar with and accept the obtination of familiar with a complete of familiar w	of Florida. Such change was autemated by the section 807,0585 Florida and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE	Indicated by last statutes I a Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	T ADDRESS ST-ZIP T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS	Mc Callum, President The reinstating) Date of the reinstating of the	S AND DIRECTOI Change	RS IN 12 Addition Addition
office of ingent. If agent. If agent	registered agent, or both, in the State of im familiar with, and accept the obtination of familiar with, produced in familiar with and accept the obtination of familiar with a complete of familiar w	of Florida. Such change was autemated by the section 807,0585 Florida and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE	Indicated by last statutes I a Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	T ADDRESS ST-ZIP T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS	Mc Callum, President The reinstating) Date of the reinstating of the	S AND DIRECTOI Change	RS IN 12 Addition Addition
office of ragent. A signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of im familiar with, and accept the obtination of familiar with, produced in familiar with and accept the obtination of familiar with a complete of familiar w	Triorida. Such change was autematical from the s	Indicated by last statutes I a Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	T ADDRESS ST-ZIP T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS	Mc Callum, President The reinstating) Date of the reinstating of the	E S AND DIRECTOI Change Change	RS IN 12 Addition Addition
Office of ragent. A agent. A a	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of important agent. OFFICERS AND DPS MCCALLUM, JAMES A. 7213 FLOOD REEF PENSACOLA FL	Triorida. Such change was autematical from the s	Indicated by last statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS	Mc Callum, President The reinstating) Date of the reinstating of the	E S AND DIRECTOI Change Change	RS IN 12 Addition Addition
Office of ragent. A agent. A a	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of important agent. OFFICERS AND DPS MCCALLUM, JAMES A. 7213 FLOOD REEF PENSACOLA FL	Triorida. Such change was autematical from the s	Indicated by last statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP	Mc Callum, President The reinstating) Date of the reinstating of the	E S AND DIRECTOI Change Change	RS IN 12 Addition Addition
Office of I agent. I	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of important agent. OFFICERS AND DPS MCCALLUM, JAMES A. 7213 FLOOD REEF PENSACOLA FL	Triorida. Such change was autematical from the s	Indicated by last statutes I a Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.2 NAME 5.3 STREET 5.3 STREET 5.3 STREET	T ADDRESS ST-ZIP	Mc Callum, President The reinstating) Date of the reinstating of the	E S AND DIRECTOI Change Change	RS IN 12 Addition Addition
Office of ragent. A agent. A a	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of important agent. OFFICERS AND DPS MCCALLUM, JAMES A. 7213 FLOOD REEF PENSACOLA FL	Triorida. Such change was autemated by the property of the p	Indicated by last statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.5 TITLE 5.5 NAME 5.5 STREET 5.4 CITY-S 5.5 TITLE 5.5 NAME 5.5 STREET 5.6 CITY-S	T ADDRESS ST-ZIP	Mc Callum, President The reinstating) Date of the reinstating of the	E S AND DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition

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 appeddress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

(850) 456-6616