2004 FOR PROFIT CORPORATION

Feb 03, 2004 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # V13602** 02-03-2004 90012 009 ***150.00 R. W. MEISSNER AND ASSOCIATES, INCORPORATED Principal Place of Business Mailing Address 114-B W GREEN STREET 114-B W GREEN STREET PERRY, FL 32347 PERRY, FL 32347 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152004 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 59-3117630 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEISSNER, ROBERT W 21468 SANDPIPER S. CEDAR ISLAND Street Address (P.O. Box Number is Not Acceptable) PERRY, FL 32347 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BLUE, Sheila 18921 Front Street ☐ Change TITLE ☐ Delete TITLE MEISSNER, ROBERT W NAME NAME Perry F1. 32348 21468 SANDPIPER S. CEDAR ISLAND STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PERRY, FL. 32347 CITY-ST-7IP TÜE Delete Change Addition TITLE NAME CRUCE, ANGELA NAME STREET ADDRESS 205 SW 75TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 32607 TITLE Detete ☐ Change ☐ Addition BUNDRICK, LAURI M NAME 1496 PINECREST ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PERRY, FL 32347 CITY-ST-ZIP ☐ Change ☐ Addition Delete BOLTON, SANDRA NAME STREET ADDRESS 1823 PINE BLUFF ROAD STREET ADDRESS CITY-ST-ZIP1 PERRY, FL 32348 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ПΠЕ ☐ Change ■ Addition NAME NAME

FILED

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Robert W. Meissner, Feb 2, 04, 860-584-3887

Date Date