

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
CORPORATION REGISTRATION DIVISION

APPROVED  
AND  
FILED

DOCUMENT # **H88670**

(5)

95 MAY - 1 PM 10:32

MEADOWVIEW CORP.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Principal Office of Business 6142 W CORPORATE OAKS DR P.O. BOX 10000 CRYSTAL RIVER FL 34423 US		2a. Mailing Address 6142 W CORPORATE OAKS DR P.O. BOX 10000 CRYSTAL RIVER FL 34423 US		3. Date of Incorporation (or Reincorporation) 12/09/1985	3a. Date of Last Report 05/01/1994
21. Principal Office of Business Subst. Agent # 001	26. Mailing Address Subst. Agent # 001	4. FIC Number 59-2642260		Adjust Fee Not Applicable	
22. FIC Number	27. FIC State	5. Certificate of State Consent <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. FIC State	28. FIC State	6. Election Campaign Financing Paid Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. FIC State	29. FIC State	7. The corporation has not been delinquent in tax under 215.11(1), Florida Statute <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CARMAN, JAMES W. 6142 W CORPORATE OAKS DR CRYSTAL RIVER FL 34429</b>		81. Name	10. Name and Address of New Registered Agent		
		82. Street Address (if not same as current)			
		83. City			
		84. State	FL	85. Zip Code	

11. The undersigned hereby certifies that the information furnished herein is true and correct to the best of his or her knowledge and belief, and that the undersigned is duly qualified to act as a registered agent for the corporation. If the undersigned is not a resident of Florida, he or she certifies that the undersigned is duly qualified to act as a registered agent for the corporation in the state of Florida.

12. NAME	13. ADDRESS	14. CITY	15. STATE	16. ZIP CODE
P OLSEN, STANLEY C 6142 W CORPORATE OAKS DR CRYSTAL RIVER FL ST				
NAME	ADDRESS	CITY	STATE	ZIP CODE
OLSEN, ELIZABETH M. 6142 W CORPORATE OAKS DR CRYSTAL RIVER FL				
NAME	ADDRESS	CITY	STATE	ZIP CODE
NAME	ADDRESS	CITY	STATE	ZIP CODE
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NAME	ADDRESS	CITY	STATE	ZIP CODE

14. I hereby certify that the information requested with this filing is truthfully furnished and does not qualify for the exemption stated in section 215.11(1), Florida Statute. Further, I certify that the undersigned is duly qualified to act as a registered agent for the corporation in the state of Florida, and that the undersigned is duly qualified to act as a registered agent for the corporation in the state of Florida. I am the registered agent for the corporation in the state of Florida, and that my name appears in Block 12 of this report, or in any attachment, with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR  
Stanley C. Olsen

904/746-4000