Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90093 032 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L28324

1. Corporation Name

MERIDIAN CONSTRUCTION & DEVELOPMENT OF SW. FLOR

IDA, INC.												
Principal Place	e of Business	М.	ailing Address	_			_				INTERESTEDIA	
4460-2 CAMINO REAL WAY 4460-2 CAMINO REAL WA				r								
FT. MYERS FL 33912 US US								DO NOT WRITE IN THIS SPACE				
00		•	,				3	3. Date Incorporated or Qualife	d			
							ł	11/08/1989				
2. Principal P	lace of Business	2a.	, Mailing Address				- 4	4. FEI Number		Apr	lied For	
21		26	•				ļ	59-2975924		Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75 A	dditional	
22			27					5. Certifcate of Status Desired		Fee Rec	uired	
City & State			City & State				f	6. Election Campaign Financin	1	\$5.00	May Be	
23	_	28	•					Trust Fund Contribution	, 0	Added to	· .	
Zip	Country	1-01	Zip	Cou	intry	,	- 8	8. This corporation owes the co	rrent vear Int	angible		
24	25	29	•	30	-		1]	Personal Property Tax.	•	∐ Yes 〔	☑No	
24	9. Name and Address of Curre		stered Agent	120	Γ		10	0. Name and Address of New	Registered	Agent		
					81	Name					_	
BEN	SON, RODNEY E.				L_			(2.0.0.1)	(-LI-)			
4460-2 CAMINO REAL WAY			82			Street	Address (P.O. Box Number is Not Acceptable)					
FT. MYERS FL 33912					83							
	1112110 12 303 12											
					84	City			FL	85 Zip C	ode	
	to the provisions of Sections 607.05				_			in a land to the state was at fact the		shanging its	rogistered	
office or r agent. I a	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florid	da. Such change was a	utnonzed	עמ נ	the corbo	oration's l	board of directors. I hereby acc	ept the appoi	ntment as reg	istered	
SIGNATURE	Signature, typed or printed name of registered age	ant and title	if applicable. (NOTE	: Registered	l Ager	nt signature r	required when	n reinstating)	DATE			
12.	OFFICERS AI		_	13.				ADDITIONS/CHANGES TO	FFICERS AN	ID DIRECTO	RS IN 12	
TITLE	D		☐ DELETE	1.1 TI	TLE					☐ Change	Addition	
NAME	BENSON, RODNEY E.			1.2 N/	AME						1	
STREET ADDRESS	3116 RIVER GROVE CIRCLE			1351	TREET	TADDRESS						
CITY-ST-ZIP	FORT MYERS FL			140	TV-S	T-ZIP		•				
TITLE	PST		☐ DELETE	2.1 TI						☐ Change	☐ Addition	
NAME	BENSON, RODNEY, E			2.2 N	AMF			·				
	3116 RIVER GROVE CIR			l l		T ADDRESS						
STREET ADDRESS	I							و من پرتونس		-		
CITY-ST-ZIP	FT MYERS FL		□ DELETE	2. 4 C		ST-ZIP	+			Change	Addition	
TITLE	VD		C DELETE	1							_	
NAME	MURTAGH, LYNN, R			3.2 N		-	1.641	4 KESTREL C	RCLE.			
STREET ADDRESS	2449 LASALLE AVE						664	4 PESIECE S	2412			
CITY-ST-ZIP	FT MYERS FL			_		ST-ZIP	102	T MYERS, FL 3	12714	Change	Addition	
TITLE			☐ DELETE	4.1 TI			Ì			☐ Change		
NAME				4. 2 N					*			
STREET ADDRESS				4.3 ST	TREE	TADDRESS						
CITY-ST-ZIP				4.4 CI	TY-S	T-ZIP	<u> </u>					
TITLE			☐ DELETE	5.1 TI						Change .	☐ Addition	
NAME				5.2 N						•	[
STREET ADDRESS				5.3 S	TREE	TADORESS					1	
CITY-ST-ZIP				5.4 CI	ITY-S	T-ZIP						
TITLE			☐ DELETE	6.1 TI	TLE					☐ Change	☐ 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 of 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 changes, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR