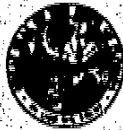


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 26 AM 7:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L52907 (7)

1. Corporation Name
MERIDIAN CONSTRUCTION AND DEVELOPERS, INC.

Principal Place of Business
**3816 MAGNOLIA POINT BLVD
GREEN COVE SPRINGS FL 32043**

Mailing Address
**3816 MAGNOLIA POINT BLVD
GREEN COVE SPRINGS FL 32043**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/21/1990** 3a. Date of Last Report **04/22/1994**

4. FEI Number **59-3007638** 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 25
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROYAL, BERT V.
3816 MAGNOLIA POINT BLVD
GREEN COVE SPRINGS FL 32043**

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

Signatures, typed or printed 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 Change Addition

TITLE **STD**
NAME **ROYAL, BERT V.**
STREET ADDRESS **3816 MAGNOLIA POINT BLVD**
CITY-ST-ZIP **GREEN COVE SPRINGS,**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD**
NAME **SCHAD, THOMAS, DR.**
STREET ADDRESS **3816 MAGNOLIA POINT BLVD**
CITY-ST-ZIP **GREEN COVE SPRINGS,**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VP**
NAME **ROYAL, BERT V.**
STREET ADDRESS **3816 MAGNOLIA POINT BLVD**
CITY-ST-ZIP **GREEN COVE SPRINGS,**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VPO**
NAME **PEPE, JOSEPH**
STREET ADDRESS **3816 MAGNOLIA POINT BLVD.**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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 007, Florida Statutes; and that my name appears in Block 12 or (Block 12 if changed), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph M. Pepe

April 21, 1995 904-269-4600