

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

FILED
Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # L52907 (7)
 1. Corporation Name
MERIDIAN CONSTRUCTION AND DEVELOPERS, INC.



Principal Place of Business: **3616 MAGNOLIA POINT BLVD GREEN COVE SPRINGS FL 32043**
 Mailing Address: **3616 MAGNOLIA POINT BLVD GREEN COVE SPRINGS FL 32043-8067**

3. Date Incorporated or Qualified: **02/21/1990** 3a. Date of Last Report: **01/30/1996**
 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: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 Succ. Apt. #, etc.:
 City & State:
 Zip: Country: Suite Apt. #, etc.:
 City & State:
 Zip: Country:

9. Name and Address of Current Registered Agent
ROYAL, BERT V.
3816 MAGNOLIA POINT BLVD
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	ROYAL, BERT V.	
STREET ADDRESS	3616 MAGNOLIA POINT BLVD	
CITY-ST-ZIP	GREEN COVE SPRINGS,	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHAD, THOMAS, DR.	
STREET ADDRESS	3616 MAGNOLIA POINT BLVD	
CITY-ST-ZIP	GREEN COVE SPRINGS,	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROYAL, BERT V.	
STREET ADDRESS	3616 MAGNOLIA POINT BLVD	
CITY-ST-ZIP	GREEN COVE SPRINGS,	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PEPE, JOSEPH	
STREET ADDRESS	3616 MAGNOLIA POINT BLVD.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 an address.

SIGNATURE: _____ Date: **2/13/97** Daytime Phone #: **904-269-4600**

CR2E034 (9/96)