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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

L95165

(1)

M.E.O.W., INCORPORATED

Principal Place of Business 208 W HWY 441 ALACHUA FL 32615-9169 US P O BOX 2169 ALACHUA FL 32615-9169 US 2. Principal Place of Business 21 Suite, Apt. #, etc. Suite, Apt. #, etc.									
ALACHUA FL				9169					
US						3. Date Incorporated or Qualified 3a. Date of Last Ri 08/20/1990 07/25/19		995	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	├ ─ ├ ─ं		oolied For
		26				59-3025859			lot Applicable
Suite, Apt. #,	etc.	27				5. Certificate of Status Desired	×	Fee F	Additional Required
City & State		28	City & State			Election Campaign Financing Trust Fund Contribution) May Be I to Fees
Zip	Country		Zip	Countr	ý	8. This corporation has liability for		ax under s	199.032
24	25	29		30			□ No		
	g, Name and Address of Curre	nt Regis	stered Agent			10. Name and Address of New R	legistered	Agent	
				81					
	RICHARD			82	Street Add	ress (P.O. Box Number is Not Acceptat	ie;		
	2ND STREET			83					
GAINES\	/ILLE FL 32601			60	'				
				84	City		FL	85 Zır	Code
	ligrature. Specially mile from class requirement sign			Fift Fogistered Ap	ना इन्हार है का कि प्राप्त का	News remains) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	BS IN 12
12.	OFFICERS AN	ID DISE	DELETE	13.		ADDITIONS/CHANGES TO OFF		Change	Addition
THILE	PTD CTIME OUN ID E		Closter	1.2 NAM6			'	L. J Ondargo	
NAME PARET APPROVAGE	STINE, PHILIP E. 6714 NW 57TH WAY				FLADDRESS				
STREET ADDRESS CITY - ST - ZIP	GAINESVILLE FL			14017					
TITLE	VSD		DELFIE	2 1 TuTLE				☐ Change	Addition
NAME	STINE, CATHY L.			2.2 NAME					
STREET ADDRESS	6714 NW 57TH WAY			2351861	1 ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL			2.4 CITY -	ST-ZIP				
TITLE			DELETE	3 1 111118				Change	☐ Addition
NAME				3.2 NAM6					
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP			☐ DELETE	3 4 CHY -				Change	Addition
TIFLE NAME			C) princin	4 1 111L6 4 2 NAM6	1				
STREET ADDRESS					ELADORESS				
CITY - ST - ZIP				4.4 C-TY	- 1				
TITLE			DELETE	5 1 Tiful				☐ Charige	☐ Addition
NAME				5.2 NAMI	:				
STREET ADDRESS				53 STHE	ET ADDRESS				
CITY-ST-ZIP				5.4 CITY	- ST - ZIP				
TITLE			DELETE	6 1 TIFE	-			☐ Change	Addition
NAME				6.2 NAM					
STREET ADDRESS				6.3 STHE	ET ADORESS				
CITY-ST-ZIP				6.4 Cilly			07/0/03 51	adda Ctot	laa I furthar
certify that oath; that t	the information indicated on this sou	nual repo Paration :	ort or supplemental ar or the receiver or trus	nnual réport is t itée empowered	rue and accur	for the exemption stated in Section 119 ate and that my signature shall have the iis report as required by Chapter 607, F	e same leda	н епестая і	i rnace: uncer

SIGNATURE UND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

904.442.7225 Dayting Physic #