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Feb 14 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 # P96000011659 (5)

1. Corporation Name
MERIDIAN CONSULTING, INC.



Principal Place of Business
215 S MONROE ST
2ND FLOOR
TALLAHASSEE FL 32301

Mailing Address
215 S MONROE ST
2ND FLOOR
TALLAHASSEE FL 32301-1839

3. Date Incorporated or Qualified: 02/07/1996
3a. Date of Last Report: N/A
4. FEI Number: 59-3363051
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: No \$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 2874 Remington Green Cir.
Suite, Apt. #, etc.:
22 A
City & State: Tallahassee, Florida
23
Zip: 32308
Country: USA
25

2a. Mailing Address
26 2874 Remington Green Cir.
Suite, Apt. #, etc.:
27 A
City & State: Tallahassee, Florida
28
Zip: 32308
Country: USA
30

9. Name and Address of Current Registered Agent
WILKINSON, BEN H
215 S MONROE ST
2ND FLOOR
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable): N/A
83: N/A
84 City: N/A
85 Zip Code: N/A
FL

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: same registered agent retained
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE: PD
NAME: BLACK, JOHN F III
STREET ADDRESS: 3665 DWIGHT DAVIS DR
CITY-ST-ZIP: TALLAHASSEE FL 32312
TITLE: STD
NAME: JACOBS, SHARON N
STREET ADDRESS: 3076 BELLGROVE RD
CITY-ST-ZIP: TALLAHASSEE FL 32308
TITLE: D
NAME: WILKINSON, BEN H
STREET ADDRESS: 215 S MONROE ST 2ND FLOOR
CITY-ST-ZIP: TALLAHASSEE FL 32301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: ST
1.2 NAME: Black, Laurie R.
1.3 STREET ADDRESS: 3665 Dwight Davis Drive
1.4 CITY-ST-ZIP: Tallahassee, Florida 32312
2.1 TITLE: VD
2.2 NAME: Jacobs, Sharon N.
2.3 STREET ADDRESS: 3076 Bellgrove Road
2.4 CITY-ST-ZIP: Tallahassee, Florida 32308
3.1 TITLE:
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE:
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE:
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE:
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: [Signature] February 5, 1997 904-386-9898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)