## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000023206

Entity Name: MEADOWLANDS COMPOSITE INDUSTRIAL, INC.

**FILED** Mar 26, 2015 **Secretary of State** CC0211430291

## **Current Principal Place of Business:**

1801 HERMITAGE BOULEVARD SUITE 100

TALLAHASSEE, FL 32308

## **Current Mailing Address:**

1801 HERMITAGE BOULEVARD SUITE 100 TALLAHASSEE, FL 32308

FEI Number: 46-5107538 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title D Title D

SPOOK, STEPHEN A HAZEN, MAUREEN Name Name

1801 HERMITAGE BOULEVARD #100 Address Address 1801 HERMITAGE BOULEVARD #100

TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip:

Title OFFICER Title D

Name GRAY, LYNNE Name TAYLOR, E. LAMAR

1801 HERMITAGE BOULEVARD Address 1801 HERMITAGE BOULEVARD #100 Address

SUITE 100

8750 N CENTRAL EXPRESSWAY, STE

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32308

Title **OFFICER** 

Title **OFFICER** Name BURLAK, DAVE

FARALDO, MARK P Name Address 1801 HERMITAGE BOULEVARD

Address SUITE 100

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: DALLAS TX 75150

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

03/26/2015 SIGNATURE: MARK P FARALDO **OFFICER**