

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 222320 (4)

1. Corporation Name

MEADOWBROOK FARMS INC



Principal Place of Business

Mailing Address

8720 WEST HIGHWAY 318
REDDICK FL 32686
US

PO BOX 518
OCALA FL 32678
US

3. Date Incorporated or Qualified

04/08/1959

3a. Date of Last Report

06/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0850554

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

9. Name and Address of Current Registered Agent

GRAY, STEVEN H.
125 NE 1ST AVE., SUITE 1
PO BOX 3310
OCALA FL 32678-0310

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

Signature typed or printed from office 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

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME V
LACROIX, DAVID
STREET ADDRESS 8720 WEST HWY #318
CITY-ST-ZIP REDDICK FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME P
LACROIX, BARBARA
STREET ADDRESS 8720 WEST HWY #318
CITY-ST-ZIP REDDICK FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME ST
GRANT, SAMUEL D
STREET ADDRESS 13785 S.E. 39TH TERRACE
CITY-ST-ZIP SUMMERFIELD FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
STANTON, BARBARA
9628 SW 74 AVE
OCALA, FL 34476

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/96

352 591-1212