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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 222320

1. Corporation Name

MEADOWBROOK FARMS INC

| Principal Place   | e of Business  | Mailing Address   |   |  | <del></del>  |  |             | ONAL DIGIT DA |                |                  |                           |
|---|--|---|---|--|--|--|-------------|---------------|----------------|------------------|---------------------------|
| 8720 WEST HIGHWAY 318 PO BOX 518  |  |   |   |  |  |  |             |               |                |                  |                           |
|   |  | OCALA FL 32678  |   |  |  |  |             |               |                |                  |                           |
| US US   |  |   |   |  |  |  | IN THIS S   | PACE          |                |                  |                           |
|   |  |   |   |  |  | 3. Date incorporated or Qu   | ualifed     |               |                |                  |                           |
|   |  |   |   |  |  | 04/08/1959   |             |               |                |                  |                           |
| 2. Principal P  | lace of Business   | 2a. Mailing Addr  | ess   |  |  | 4. FEI Number  |             |               | <u> </u>       | +                | ied For                   |
| 21  | · · · · · · · · · · · · · · · · · · ·  | 26  |   |  |  | 59-0850554   |             |               |                | <del></del> -    | Applicable                |
| Suite, Apt.   | #, etc.  | Suite, Apt. #,  | , etc.  |  |  | 5. Certificate of Status Des   | ired        |               | •              | (5) Ad<br>e Regi | ditional                  |
| 22 City 8 Ctm   |  | City & State  |   |  |  |  | <del></del> |               |                |                  |                           |
| City & Stat   | e  | City & State  |   |  |  | 6. Election Campaign Fina  | -           |               |                | UU M<br>ded to   | lay Be                    |
| 23  <br>Zip   | Country  | Zip   |   | untry  |  | Trust Fund Contribution  |             | t Into        |                | Jeu to           |                           |
|   | 25   | 29  | 30  | a.m.y  |  | <ol> <li>This corporation owes the Personal Property Tax.</li> </ol> | ne currer   |               | igibie<br>∐Yes | Г                | ⊒No                       |
| 24  | 9. Name and Address of Curren  |   | [30]  | -  |  | 10. Name and Address of  | New Re      |               |                |                  |                           |
| <del></del>   | 3. Name and Address of Curren  | k registered regent   |   | 81   | Name   | 10. 11   |             | <u></u>       | <u> </u>       |                  |                           |
| GRA   | IY, STEVEN H.  |   |   |  |  |  |             |               |                |                  |                           |
| 125   | NE 1ST AVE., SUITE 1   |   |   | 82   | Street Add   | ress (P.O. Box Number is Not A                                       | Acceptab    | le)           |                |                  |                           |
| PO E  | BOX 3310   |   |   | 83   |  |  |             |               |                |                  |                           |
| OCA   | LA FL 32678-0310   |   |   | Ш  |  |  |             |               |                |                  |                           |
|   |  |   |   | 84   | City   |  |             | FL            | 85             | Zip Co           | ode I                     |
| 44 5  | to the provisions of Sections 607.050  | 0 4 507 4500 Fl   |   |  |  | continuous submita this statement                                    | for the e   |               |                | a ita ra         |                           |
| 11. Pursuant  |  | 2 and 607.1508, Flore   | da Statutes, the a  | auove  | 3-named con  | poration submits this statement                                      | ior uie pi  | urpose oi c   | nangin         | y ito it         | egistered                 |
| office or r   | registered agent, or both, in the State in familiar with, and accept the obligat   | of Florida. Such chang  | ge was authorize  | ed by t  | the corporati  | ion's board of directors. I hereby                                   | y accept    | the appoint   | ment a         | g its regi:      | egistered<br>stered       |
| office or ragent. I as  | egistered agent, or both, in the State on familiar with, and accept the obligation.  | of Florida. Such chang<br>tions of, Section 607.0   | ge was authorize<br>0505, Florida Sta<br>_  | ed by i<br>itutes.   | the corporati  | ion's board of directors. I hereby                                   | y accept    | the appoint   | ment a         | s regi           | egistered<br>stered       |
| office or ragent. I a   | registered agent, or both, in the State<br>in familiar with, and accept the obligat<br>Signature, typed or printed name of registered agen   | of Florida. Such chang<br>tions of, Section 607.0<br>nt and title if applicable.  | ge was authorize<br>0505, Florida Sta<br>_  | ed by intuition of the state of | the corporati  | nd when reinstating)  ADDITIONS/CHANGES                              | y accept    | DATE          | ment a         | is regi          | stered                    |
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| office or ragent. I as SIGNATURE  | egistered agent, or both, in the State in familiar with, and accept the obligation of signature, typed or printed name of registered agen.  V  | of Florida. Such chang<br>tions of, Section 607.0<br>at and title if applicable.  | ge was authorize 0505, Florida Sta (NOTE: Registere 13. ELETE 1.1 T   | ed by<br>stutes.   | the corporati  | on's board of directors. I hereby                                    | y accept    | DATE          | DIRE           | ctor             | S IN 12                   |
| office or ragent. I as SIGNATURE  12.  TITLE  NAME  | egistered agent, or both, in the State in familiar with, and accept the obligation of signature, typed or printed name of registered agen.  OFFICERS AN  | of Florida. Such chang<br>tions of, Section 607.0<br>at and title if applicable.  | ge was authorize 0505, Florida Sta  (NOTE: Registere 13.  ELETE 1.1 T   | ed by stutes.  Agent  TITLE  | the corporati  | on's board of directors. I hereby                                    | y accept    | DATE          | DIRE           | ctor             | S IN 12                   |
| office or ragent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS   | registered agent, or both, in the State on familiar with, and accept the obligate Signature, typed or printed name of registered agen OFFICERS AN V LACROIX, DAVID 8720 WEST HWY #318  | of Florida. Such chang<br>tions of, Section 607.0<br>at and title if applicable.  | ge was authorize 0505, Florida Sta  (NOTE: Registere 13.  ELETE 1.1 T 1.2 N 1.3 S   | ed by stutes.  ed Agent  TITLE  NAME   | t signature require  | on's board of directors. I hereby                                    | y accept    | DATE          | DIRE           | ctor             | S IN 12                   |
| office or ragent. I as SIGNATURE  12.  TITLE  NAME  | registered agent, or both, in the State on familiar with, and accept the obligate of signature, typed or printed name of registered agenory of FICERS AN V LACROIX, DAVID 8720 WEST HWY #318 REDDICK FL  | of Florida. Such changtions of, Section 607.0  nt and title if applicable.  ID DIRECTORS  | ge was authorize 0505, Florida Sta  (NOTE: Registere 13.  ELETE 1.1 T 1.2 N 1.3 S   | ed by stutes.  Add Agent  TITLE  NAME  STREET  | t signature require  | on's board of directors. I hereby                                    | y accept    | DATE          | DIRE           | CTOR             | S IN 12                   |
| office or ragent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | registered agent, or both, in the State on familiar with, and accept the obligated of the o | of Florida. Such changtions of, Section 607.0  nt and title if applicable.  ID DIRECTORS  | ge was authorize 0505, Florida Sta  (NOTE: Registere  13.  ELETE 1.17  1.2 N  1.3 S  1.4 C  ELETE 2.17  | ed by stutes.  Add Agent  TITLE  NAME  STREET  | t signature require  | on's board of directors. I hereby                                    | y accept    | DATE          | DIRE           | CTOR             | S IN 12                   |
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| office or ragent. I are agent. I are signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  | registered agent, or both, in the State on familiar with, and accept the obligated of the obligation of the state of the obligation of the o | of Florida. Such changtions of, Section 607.0  It and title if applicable.  ID DIRECTORS   DEPTITION OF                         | ge was authorize 0505, Florida Sta  (NOTE: Registere  13.  ELETE 1.17  1.2N  1.3S  1.4C  2.17  2.2N  2.3S  2.41  ELETE 3.17  3.2N   | ad by itutes.  ad Agen  TITLE  NAME  STREET  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME  | t signature require  ADDRESS  1-ZIP  ADDRESS  1-ZIP  | on's board of directors. I hereby                                    | y accept    | DATE          | DIRE Cha       | CTOR<br>nge      | S IN 12 Addition          |
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| office or ragent. I are agent. I are signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  | registered agent, or both, in the State of market familiar with, and accept the obligated of printed name of registered agents of the state of the s | of Florida. Such changtions of, Section 607.c  It and title if applicable.  ID DIRECTORS  DE DE                                 | ge was authorize 0505, Florida Sta  (NOTE: Registere  13. ELETE 1.17 1.28 1.38 1.46 2.17 2.28 2.38 2.40 3.17 3.28 3.38 3.40 ELETE 4.17  | and by itutes.  Title  NAME  STREET  CITY-ST  TITLE  NAME  CITY-ST  TITLE  CITY-ST  TITLE  CITY-ST  TITLE  CITY-ST  TITLE  | t signature require  ADDRESS  1-ZIP  ADDRESS  1-ZIP  | on's board of directors. I hereby                                    | y accept    | DATE CERS AND | D DIRE Cha     | CTOR<br>nge      | S IN 12 Addition Addition |
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63 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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