2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2004 8:00 am Secretary of State

DOCUN 1. Entity Name MEAD-RA	9	# 274497 CORP.				03-22-20	104 9007	0 050 ***	150.00		
Principal Place of Business C/O PRENTICE-HALL CORP SYSTEM, INC. 1201 HAYES ST., STE. 105 TALLAHASSEE, FL. 32301 US			Mailing Address C/O PRENTICE-HALL CORP SYSTEM, INC. 1201 HAYES ST., STE. 105 TALLAHASSEE, FL 32301 US				: 1866 1 868 61818 1681 1781	9100 00011 5 18	H 1984 AJOH AJOH	BB((128)	
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02262004	Chg-P	CR2E0	34 (10/03)		
City & State			City & State	City & State		4. FEI Numb 59-102			}	plied For Applicable	
Zip	Zip Country		Ζiρ	Zip Countr		5. Certificate	e of Status Desired		\$8.75 Addi Fee Required		
	6. Name	and Address of Curren	t Registered Agent				7. Name and Address of New Registered Agent				
CSC COR	PORATIO	N SERVICE CO			Name						
1201 HAYE	ES ST.				Street Address (P.O. Box Number is Not Acceptable)						
TALLAHAS	SSEE, FL	32301									
								FL	Zip Code	3	
8. 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. I am familiar with, and accept the obligations of registered agent.											
SIĞNATURE											
	Signature, typod	a or planted hama or registered age	nt and title ir applicatorė. (r	KUTE; HINGISTER	eo agent signature requi	red when reinstaling)		DATE			
FILI After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 4 Fee will be \$550	9. Election Cam Trust Fund C			5.00 May Be dded to Fees					
10.		OFFICERS AN	D DIRECTORS	DIRECTORS 11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	3 N 11	
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STREET ADDRESS CITY-ST-ZIP	BOX 1309 TYLER, T				Y-ST-ZIP						
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CITY-ST-ZIP	<u>L</u>		(a) All Marie		Y+ST-ZIP				···		
12. Thereby of	certify that the	ne information supplied w	ith this filing does not qualify	for the ex	emption stated in t	Section 119.07(3	(i), Florida Statutes.	I further cer	lify that the in	of or mation	

indicated of mis report of supplemental report is to and accurate and that my signature shall have the same regardless in made under oam; that i am an officer of director of the composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

DUANE D. MEAR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR - 3 2004 (903) 509.0663