FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 319864 (5)

1. Corporate Name

MEADOWOOD GROVES, INC.

Principal Place of Business	Mailing Address
8053 LAWRENCE ROAD BOYNTON BEACH FL 33436	8053 LAWRENCE ROAD BOYNTON BEACH FL 33436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1967

3a. Date of Last Report: 03/28/1994

2. Principal Place of Business — 21 — Street Address, Apt. #, etc. — 22 — City & State — 23 — Zip — 24 — County — 25

2a. Mailing Address — 26 — Street Address, Apt. #, etc. — 27 — City & State — 28 — Zip — 29 — County — 30

4. FEI Number: 59-1169611 ☐ 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

OCHS, ROBERT C. JR.
1394 S ATLANTIC DR W
LANTANA FL 33462

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 607.0202 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 (of New Registered Agent if changing) (Typed or Printed Name of New Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
10 TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	BLAIR, WILLIAM	12 NAME	
STREET ADDRESS	5228 SW ANHINGA AVE	13 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY, FL 0	14 CITY-ST-ZIP	
20 TITLE	D	21 TITLE	☐ Change ☐ Addition
20 NAME	DANIELS, MARY C	22 NAME	
20 STREET ADDRESS	PO BOX 444 COUNTYLINE RD	23 STREET ADDRESS	
20 CITY-ST-ZIP	GATE MILLS, OH 0	24 CITY-ST-ZIP	
30 TITLE	D	31 TITLE	☐ Change ☐ Addition
30 NAME	STERN, ADELE	32 NAME	
30 STREET ADDRESS	132 ISLAND DR	33 STREET ADDRESS	
30 CITY-ST-ZIP	OCEAN RIDGE, FL 0	34 CITY-ST-ZIP	
40 TITLE	P	41 TITLE	☐ Change ☐ Addition
40 NAME	OCHS, ROBERT C JR	42 NAME	
40 STREET ADDRESS	1394 S ATLANTIC DR W	43 STREET ADDRESS	
40 CITY-ST-ZIP	LANTANA, FL 0	44 CITY-ST-ZIP	
50 TITLE		51 TITLE	☐ Change ☐ Addition
50 NAME		52 NAME	
50 STREET ADDRESS		53 STREET ADDRESS	
50 CITY-ST-ZIP		54 CITY-ST-ZIP	
60 TITLE		61 TITLE	☐ Change ☐ Addition
60 NAME		62 NAME	
60 STREET ADDRESS		63 STREET ADDRESS	
60 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information contained in this filing is absolutely true and 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 13 above if I am changing or adding additional officers and/or directors.

SIGNATURE: Robert C Ochs 4-28-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0282963 CP