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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 3:58

DOCUMENT # **F93000000381 (4)**

1. Corporation Name
MEADOWBROOK MANAGEMENT COMPANY, INC.

Principal Place of Business	Mailing Address
6000 MARKET SQUARE CT SUITE 200 CLEMMONS NC 27012 US	PO BOX 1670 CLEMMONS NC 27012 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/14/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 6000 MEADOWBROOK MALL
Suite, Apt. #, etc.
22 SUITE 200
City & State
23 CLEMMONS, NC
Zip 24 27012 Country 25 US

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 56-1786722 ☐ 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

HERZOG, LAVERNE P
2415 VOLUSIA AVE., SUITE A-4
ORANGE CITY FL 32763

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE	CHAIRMAN	☒ Change ☐ Addition
NAME	ANGELL, DON G	1.2 NAME	W. STEWART SWAIN	
STREET ADDRESS	6000 MARKET SQUARE CT, SUITE 200	1.3 STREET ADDRESS	6000 MEADOWBROOK MALL, SUITE 200	
CITY-ST-ZIP	CLEMMONS NC	1.4 CITY-ST-ZIP	CLEMMONS, NC 27012	
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	HERZOG, LAVERNE P	2.2 NAME		
STREET ADDRESS	2415 VOLUSIA AVE., SUITE A-4	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY FL 32763	2.4 CITY-ST-ZIP		
TITLE	VPT	3.1 TITLE	VPT-OPERATIONS	☒ Change ☐ Addition
NAME	SWAIN, W. STEWART	3.2 NAME	JEWEL AUSTIN	
STREET ADDRESS	6000 MARKET SQUARE CT SUITE 200	3.3 STREET ADDRESS	2928 WINDING WAY	
CITY-ST-ZIP	CLEMMONS NC	3.4 CITY-ST-ZIP	LILBURN, GA 30247	
TITLE	S	4.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	MICHELOTTI, VALERIE	4.2 NAME	FAYE J. HUTCHINS	
STREET ADDRESS	6000 MARKET SQUARE CT, SUITE 200	4.3 STREET ADDRESS	2000 MEADOWBROOK MALL, SUITE 200	
CITY-ST-ZIP	CLEMMONS NC	4.4 CITY-ST-ZIP	CLEMMONS, NC 27012	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: W. STEWART SWAIN, CEO 910-712-0444
SIGNATURE AND TYPED OR PRINTED NAME OF RIGHTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002777 CP