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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000000106 (4)**

1. Corporation Name

THE MEANDER LAND COMPANY

Principal Place of Business	Mailing Address
15209 LAKE MAURINE DR ODESSA FL 33556-3111	15209 LAKE MAURINE DR ODESSA FL 33556-3111

3. Date Incorporated or Qualified: **01/07/1994**

3a. Date of Last Report: **02/13/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **34-0942971** ☐ 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

LLOYD, LUTHER R
15209 LAKE MAURINE DR
ODESSA FL 33556-3111

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's signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LLOYD, KENNETH M SR		1.2 NAME		
STREET ADDRESS	9411 GROUNDHOG DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA		1.4 CITY-ST-ZIP		
TITLE	CPT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LLOYD, LUTHER R		2.2 NAME		
STREET ADDRESS	15209 LAKE MAURINE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LLOYD, JEANNE C		3.2 NAME		
STREET ADDRESS	15209 LAKE MAURINE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ELLER-LLOYD, JEAN		4.2 NAME		
STREET ADDRESS	9411 GROUNDHOG DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LLOYD, MARY M		5.2 NAME		
STREET ADDRESS	3421 CIOTANGY DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Luther R Lloyd LUTHER R. LLOYD 15 JANUARY '96 813/920-2069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number