FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # G11506 (4)

1. Corporation Name

MERIDIAN INVESTMENTS, INC.

Principal Place of Business: 10858 S W 91ST AVENUE. #C, OCALA FL 32676

Mailing Address: 10858 S W 91ST AVENUE. #C, OCALA FL 32676

3. Date Incorporated or Qualified: 11/29/1982

3a. Date of Last Report: 04/26/1995

2. Principal Place of Business
21 USE MAILING ADDRESS
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 MERIDIAN INVESTMENT INC.
27 Suite, Apt. #, etc. P.O. BOX 76054
28 City & State OCALA, FL.
29 Zip 34481
30 County MARION

4. FEI Number: 59-2249635 ☐ 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**

FETTERHOFF, NORMAN
10858 S. W. 91ST AVE., #C
OCALA FL 32676

10. **Name and Address of New Registered Agent**

81 Name: NORMAN FETTERHOFF
82 Street Address (P.O. Box Number is Not Acceptable): 8243 SW 100 STREET ROAD
83
84 City: OCALA FL
85 Zip Code: 34481

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: [signature] NORMAN L. FETTERHOFF PRES. DATE: 4-26-96

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	PS	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	FETTERHOFF, NORMAN		1.2 NAME	NORMAN L. FETTERHOFF	
STREET ADDRESS	10858 SW 91ST AVE. #A&B		1.3 STREET ADDRESS	8243 SW 100 STREET ROAD	
CITY-ST-ZIP	OCALA, FL 00000		1.4 CITY-ST-ZIP	OCALA, FL. 34481	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		

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: [signature] NORMAN L. FETTERHOFF PRES. 4/26/96 TEL (352) 854-8832

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

CR2E034 (12/95)