

FILE NOW: FILING FEE AFTER MAY-1 IS \$550.00

APPROVED  
AND  
FILED

PB192

1997 JUL 23 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G11506  
1. Corporation Name

MERIDIAN INVESTMENTS, INC.

Principal Place of Business	Mailing Address
	P.O. BOX 76054 OCALA, FL. 34481

3. Date Incorporated or Qualified 11/29/1982	3a. Date of Last Report 4/26/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. BOX 76054
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 City & State OCALA, FL.
24 Country	29 Zip 34481
	30 Country MARION

4. FEI Number 59-2249635	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

NORMAN L. FETTERHOFF  
8243 SW 100 LANE ROAD  
OCALA, FL. 34481

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	NORMAN L. FETTERHOFF	
STREET ADDRESS	8243 SW 100 LANE ROAD	
CITY-ST-ZIP	OCALA, FL. 34481	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	200002251542--1
1.3 STREET ADDRESS	-07/29/97--01123--013
1.4 CITY-ST-ZIP	****165.00 ****165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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:  7-22-97 (352) 854-8832  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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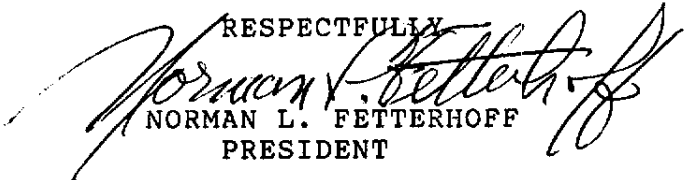
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 6327

DEAR RECIPIENT;

I AM WRITING THIS LETTER TO BRING TO YOUR ATTENTION A SITUATION WHEREIN I AM SEEKING RELIEF FOR THE LATENESS IN FILING A CORPORATION ANNUAL REPORT FOR MERIDIAN INVESTMENTS, INC. FOR THE YEAR 1997. THE REASON FOR MY REQUEST IS THE RESULT OF NOT RECEIVING ANY PRE NOTIFICATION, CORPORATION ANNUAL REPORT, FOR THE YEAR 1997. IN DISCUSSING THIS MATTER WITH ONE OF YOUR ASSOCIATES IT BECAME APPARENT THAT A PREVIOUS ADDRESS MIGHT HAVE BEEN USED BY THE DIVISION OF CORPORATIONS AS THE PRESENT ADDRESS FOR MERIDIAN. WHEN FILING MERIDIAN INVESTMENTS INC. ANNUAL REPORT FOR THE YEAR 1996 A CHANGE IN ADDRESS WAS NOTED IN THE REPORT CHANGING THE CORPORATIONS ADDRESS TO P.O. BOX 76054 OCALA, FL 34481.

BASED ON THE ABOVE REASONING I AM REQUESTING THAT THE LATE PENALTY FOR NOT FILING BY MAY 1ST BE FORGIVEN AND THE FILING FEE FOR THE YEAR 1997 BE ACCEPTABLE IN THE AMOUNT OF \$165.00. A CHECK IN THE AMOUNT OF \$165.00 IS ENCLOSED WITH HOPE THAT YOU MAY FIND VALIDITY IN MY REQUEST. ALSO ENCLOSED IS FORM 201. COR PROFIT A/R RECEIVED FROM YOUR OFFICE ON JULY 16, 1997.

RESPECTFULLY

  
NORMAN L. FETTERHOFF  
PRESIDENT