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 # G52395

1. Corporation Name

MEALOR INVESTMENTS, INC

Principal Place of Business

5030 MINTON RD.
PALM BAY, FL 32907

Mailing Address

30 W. NORTH BROAD ST.
METTER, GA 30439

3. Date Incorporated or Qualified: 7/26/83

3a. Date of Last Report:

2. Principal Place of Business
21 5030 MINTON RD
22 Suite, Apt. #, etc
23 City & State: PALM BAY, FL
24 Zip: 32907
25 County: BREVARD

2a. Mailing Address
26 30 W. NORTH BROAD ST.
27 Suite, Apt. #, etc
28 City & State: METTER GA
29 Zip: 30439
30 Country: CANDLER

4. FEI Number: 59-2316969 ☐ 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

SAM FRASER
606 SE 1ST AVE
OCALA, FL 32447

10. Name and Address of New Registered Agent

81 Name: MARCILE M. CASEY
82 Street Address (P.O. Box Number is Not Acceptable): 314 CR-25
83
84 City: LADY LAKE FL 85 Zip Code: 32159

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: Marcile M. Casey DATE: 6/6/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEON V. MEALOR		1.2 NAME	
STREET ADDRESS	RT. 3 BOX 374		1.3 STREET ADDRESS	
CITY-ST-ZIP	METTER, GA 30439		1.4 CITY-ST-ZIP	
TITLE	VICE-PRES	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHERYL M. MEALOR		2.2 NAME	
STREET ADDRESS	RT 3 BOX 374		2.3 STREET ADDRESS	
CITY-ST-ZIP	METTER, GA 30439		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	200001874172
STREET ADDRESS			5.3 STREET ADDRESS	-06/25/96--01005--025
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***225.00
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	

6-24-96 90

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: Cheryl M Mealor 6/6/96 1-912-685-3183

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