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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 JAN 19 PM 12:53

DOCUMENT # G72933 (6)

1. Corporation Name
CURTIS D. MEADE, INC.

Principal Place of Business	Mailing Address
10827 GLENEAGLES RD 3107 BOYNTON BCH FL 33436	10827 GLENEAGLES RD 3107 BOYNTON BCH FL 33436

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/08/1983
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business
21 4301 TROON LANE
22 Suite, Apt. #, etc.
23 City & State: Boynton Bch, Fla
24 Zip: 33436
25 Country: USA

2a. Mailing Address
26 P.O. Box 3107
27 Suite, Apt. #, etc.
28 City & State: Boynton Bch, Fla
29 Zip: 33424
30 Country: USA

4. FEI Number: 59-2795968 ☐ 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

MEADE, CURTIS D
10827 GLENEAGLES RD
BOYNTON BCH FL 33436

10. Name and Address of New Registered Agent

81 Name: Curtis D. Meade
82 Street Address (P.O. Box Number is Not Acceptable): 4301 TROON LANE
83
84 City: Boynton Bch FL 85 Zip Code: 33436

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: Agent Address Changed Only - Same Agent — Curtis D. Meade, Curtis D. Meade — 1/13/95
(Typed or printed name of person signing) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	PT ☐ Change ☐ Addition
NAME	MEADE, CURTIS D	12 NAME	Meade, Curtis D
STREET ADDRESS	10827 GLENEAGLES RD	13 STREET ADDRESS	4301 TROON LANE
CITY-ST-ZIP	BOYNTON BCH FL	14 CITY-ST-ZIP	Boynton Bch, Fla 33436
TITLE	S	21 TITLE	S ☐ Change ☐ Addition
NAME	MEADE, MICHELLE	22 NAME	Meade, Michelle
STREET ADDRESS	10827 GLENEAGLES RD	23 STREET ADDRESS	4301 TROON LANE
CITY-ST-ZIP	BOYNTON BCH FL	24 CITY-ST-ZIP	Boynton Bch, Fla 33436
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Curtis D. Meade Curtis D. Meade 1/13/95 407-736-8682
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Title — Daytime Phone #

0202000 CP