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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 MAR 14 AM 8:11

DOCUMENT # H06035 (0)

1. Corporation Name
CENTRAL MERIDIAN CORPORATION

Principal Place of Business	Mailing Address
520 S MAGNOLIA AVE ORLANDO FL 32801	520 S MAGNOLIA AVE ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/31/1984	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 529 VERSAilles DR Suite 200	26 529 VERSAilles DR
22 Suite 200	27 Suite 200
23 Ft Maitland FL	28 Ft Maitland, FL
24 32751 / 25 USA	29 32751 / 30 USA

4. FEI Number: 59-2563417 ☐ 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	10. Name and Address of New Registered Agent
SINGLETON, RALPH 520 S. MAGNOLIA AVE., ORLANDO FL 32801	01 Name 02 Street Address (P.O. Box Number is Not Acceptable): 529 VERSAilles DR, Suite 200 03 04 City: Maitland FL 05 Zip Code: 32751

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
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: SINGLETON, RALPH STREET ADDRESS: 1602 SUMMERLAND CITY-ST-ZIP: WINTER PARK FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: S NAME: SINGLETON, DORIS A. STREET ADDRESS: 1602 SUMMERLAND CITY-ST-ZIP: WINTER PARK FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: VP NAME: BLACKBURN, ROBERT D STREET ADDRESS: 1602 SUMMERLAND CITY-ST-ZIP: WINTER PARK FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition

14. To the extent permitted by law, I 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: _____ 03-09-95 407-644-9811
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Telephone Number)
Robert David Blackburn, Jr.

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