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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DOCUMENT # J05024

(1)

MEADOWS BUSINESS SYSTEMS INCORPORATED

	no of Ducingue	Mailing Address		.,			40101 DINK DOKE 11911 DIN	MINEL BINGS DI		#1011 F001
						- 10211,12 0111				- -
% JERRILEE S 2619 ENTERPF CLEARWATER	RISE ROAD	% JERRILEE SKIP MEADOWS 2619 ENTERPRISE ROAD CLEARWATER FL 34623-1106								
						3. Date Incorp 03/17/19	orated or Qualified		te of Last R 1/1996	leport
. Principal F	Place of Business	2a. Mailing Addre	ss			4. FEI Numbe			I Ar	oplied For
]		26			59-2639	59-2639449 Not Appl			ot Applicabl	
Suite, Apt	#, etc.	Suite, Apt. #, (etc.			5. Certificate	of Status Desired		-	Additional equired
City & Stat	te	City & State					mpaign Financing Contribution			May Be to Fees
Zip	Country 25	Z _I p	30	Country	,	8. This corpor Florida Stat	ation has liability for i		tax under s	199.032,
· I	9. Name and Address of Curren			<u> </u>		10. Name and	Address of New Re	gistered A	gent	
ME/	ADOWS, JERRILEE SKIP			81	Name					
2819 ENTERPRISE ROAD				82	Street	Address (P.O. Box Nur	nher is Not Accentate	ole)		
CLE	EARWATER FL 34623					TOUTOUS (T. 10.1 DON 1.10.	, ibol to trot ricoopian	,		
				83						
				84	City				85 Zip	Code
				177	J ~,			FL	100	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florid	a Statutes,	the above	e-named	corporation submits th	is statement for the p	ourpose of	changing it	ts registered
11. Pursuant office or agent. La SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig-					corporation submits the coration's board of direction and the correction are repaired when reinstating)	is statement for the p clors. I hereby accep	DATE	changing in cintment as	ts registered registered
SIGNATURE	Signature, typical or printed name of registered age					required when reinstating)	is statement for the p clors. I hereby accep CHANGES TO OFFIC	ourpose of of the appo		
SIGNATURE	Signature, typical or printed name of registered age	ent and tillo if applicable	(NOTE F	legistered Ag		required when reinstating)		ourpose of of the appo		RS IN 12
SIGNATURE. 12. Inle	Signature, typed or printed name of registered age OFFICERS AN CEO MEADOWS, JERRILEE SKIP	ent and tillo if applicable D DIRECTORS	(NOTE F	Registered Ag		required when reinstating)		ourpose of of the appo	DIRECTOR	RS IN 12
SIGNATURE. 1 2. THLE	Signature, typed or printed name of registered age OFFICERS AN CEO MEADOWS, JERRILEE SKIP 1621 GULF BLVD, 502	ent and tillo if applicable D DIRECTORS	(NOTE F	Registered Age 13. 1.1 TITLE	ent signature	required when reinstating)		ourpose of of the appo	DIRECTOR	RS IN 12
SIGNATURE. 12. THE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN CEO MEADOWS, JERRILEE SKIP 1621 GULF BLVD, 502 CLEARWATER FL	ork and tillo if applicable D DIRECTORS DEL	(NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ent aignature	required when reinstating)		ourpose of of the appo	DIRECTOR Change	RS IN 12
SIGNATURE. 12. THE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN CEO MEADOWS, JERRILEE SKIP 1621 GULF BLVD, 502 CLEARWATER FL ST	ent and tillo if applicable D DIRECTORS	(NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE	ent aignature	required when reinstating)		ourpose of of the appo	DIRECTOR	RS IN 12
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SIGNATURE. 12. DILE NAME SIREET ADDRESS DILY-ST-ZIP TILE VAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN CEO MEADOWS, JERRILEE SKIP 1621 GULF BLVD, 502 CLEARWATER FL ST MEADOWS, ROBERT T 1621 GULF BLVD 502	ork and tillo if applicable D DIRECTORS DEL	(NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS	required when reinstating)		DATE DATE	DIRECTOR Change	RS IN 12
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6.4 CITY - ST - ZIP 14. Lide 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 or an attachment with an address.

4.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

DELETE

Change

Change

Addition

Addition

FILED

Apr 18 1997 8:00am

Secretary of State