**FILED** 

May 10, 1999 8:00 am Secretary of State

05-10-1999 90146 024 \*\*\*150.00

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

Mailing Address % JOHN H. WILLIAMS

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J08671

1. Corporation Name

Principal Place of Business

% JOHN H. WILLIAMS

MEADOWVALE REALTY, INC.

P.O. BOX 426 CRYSTAL RIVER FL 34423		P.O. BOX 426 Crystal River Fl 34423			DO NOT WRITE IN THIS SPACE			
US NISTAL RIVER	1 I E OTTEU	US US			3. Date Incorporated or Qualifed 04/10/1986			
2. Principal Pl	ace of Business	2a. Mailing Address		_	4. FEI Number		Applied F	or
21		26			59-2703044		Not Applic	cable_
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Addition	
22		27	27		3. Definicate of otatos beside		e Required	
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution	Ad	ded to Fees	<u> </u>
Zíp	Country	Zip	_ Countr	У	8. This corporation owes the current ye		<b>C</b> 7.0	
24	25		10		Personal Property Tax.	≥ Yes	□No	
	9. Name and Address of Currer	nt Registered Agent	8	4) Name	10. Name and Address of New Regist	erea Agent		
uni i	IAMO IOUNI U		8	1 Name				
WILLIAMS, JOHN H. 154 SE 7TH AVE				2 Street Add	Iress (P.O. Box Number is Not Acceptable)	,		
	=		L					
CHY	STAL RIVER FL 32629		8:	3				
			84	4 City		85	Zip Code	
						FL 👸		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	nonzed b	y tne corporati	poration submits this statement for the purpoint's board of directors. I hereby accept the	ose of changli appointment	ng its registe as registere	d sted
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable (NOTE: B	Penistered An	ent signature recitifi	ed when reinstating) DA	TE		_
12.		ND DIRECTORS	13.	Bitt Signotate Toqui	ADDITIONS/CHANGES TO OFFICER	RS AND DIRE	CTORS IN	12
TITLE	D	□ DELETE	1.1 TITLE			☐ Cha		Addition
NAME	LAINE, MARIE		1.2 NAME					
STREET ADDRESS	7053 POND STREET			ET ADDRESS				
	MISSISSAUGA, ONTARIO		1.4 CITY-				•	
CITY-ST-ZIP TITLE	DP	☐ DELETE	2.1 TITLE			Cha	ange D#	Addition
	LAINE, D. KENNETH		2.2 NAME					
NAME	7053 POND STREET			ET ADDRESS				
STREET ADDRESS	- ·							
CITY-ST-ZIP	MISSISSAUGA, ONTARIO	☐ DELETE	2 4 CITY 3.1 TITLE			Ch:	ange DA	Addition
TITLE				!		_	• –	
NAME	-		3.2 NAME	1				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		□ DELETE	3.4. CITY 4.1 TITLE			□ Ch	ance D/	Addition
TITLE		- Detere	4					
NAME			4. 2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-			[] Ch	2000	Addition
TITLE		☐ DELETE	5.1 TITLE	<b>I</b>		Da	niye ∐∤	רוטעונטער
NAME			5.2 NAME	-				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-					. 1
TITLE		☐ DELETE	6.1 TITLE			☐ Ch	ange 🔲 A	Addition
NAME			6.2 NAME	•				
PEDEET ADDRESS			63 STRE	ET ADDRESS	•			

6.4 CITY-ST-ZIP

14. I 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 with accurate and that my signature shall have the same legal effect as if made under the true and indicated on this annual report or supplemental annual report is true with a current and that my signature shall have the same legal effect as if made under the true true true that the information indicated on this annual report or supplemental annual report is true with an an officer or director of the corporation or the receiver or true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my the man an officer or Block 12 or Block 13 if changed, or on an attacopytion with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

564-456C 9051

CR2E034 (11/98)