


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 07, 1999 8:00 am
Secretary of State
07-07-1999 90001 020 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K12098 ✓
1. Corporation Name
301 MERIDIAN, INC.

Principal Place of Business
37837 MERIDIAN AVENUE., STE 314
DADE CITY FL 33525

Mailing Address
37837 MERIDIAN AVENUE., STE 314
DADE CITY FL 33525



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
01/15/1988

4. FEI Number
59-2876114
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 owes the current year Intangible Personal Property.
Yes No

9. Name and Address of Current Registered Agent
SCHRADER, JEROME G
37837 MERIDIAN AVENUE., STE 314
DADE CITY FL 33525

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STURWOLD, RAYMOND E
STREET ADDRESS 37837 MERIDIAN AVENUE., STE 314
CITY-ST-ZIP DADE CITY FL 33525

TITLE VD
NAME HERSCH, LARRY S
STREET ADDRESS 12249 U.S.-HWY-301
CITY-ST-ZIP DADE CITY FL 33525

TITLE VD
NAME SMITH, THOMAS E
STREET ADDRESS 13924 SEVENTH STREET
CITY-ST-ZIP DADE CITY FL 33525

TITLE VD
NAME SCHRADER, JEROME G
STREET ADDRESS 37837 MERIDIAN AVENUE., STE 314
CITY-ST-ZIP DADE CITY FL 33525

TITLE STD
NAME ROBERTS, KEVIN T
STREET ADDRESS 13924 SEVENTH STREET
CITY-ST-ZIP DADE CITY FL 33525

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET 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 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: *SCHRADER, JEROME G* Sec. 7/1/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)