FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L28232 (1)

1. Corporation Name

MERIDIAN PROPERTY MANAGEMENT CORPORATION

FILED
95 APR 21 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% TOM M. HIGH 5551 RIDGEWOOD DR., #203 NAPLES FL 33963	% TOM M. HIGH 5551 RIDGEWOOD DR., #203 NAPLES FL 33963

3. Date Incorporated or Qualified: 10/27/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0155665 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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

MAC'KIE, PAMELA S.
5551 RIDGEWOOD DR.,
SUITE 201
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	CORACE, RICHARD F.	1 NAME	
STREET ADDRESS	5551 RIDGEWOOD DR, #203	1 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, GERALD F., II	2 NAME	
STREET ADDRESS	5551 RIDGEWOOD DR, #203	2 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2 CITY-ST-ZIP	
TITLE	DVAS	3 TITLE	DVS ☒ Change ☐ Addition
NAME	HIGH, TOM M.	3 NAME	KEITH SHARPE
STREET ADDRESS	5551 RIDGEWOOD DR, #203	3 STREET ADDRESS	5551 RIDGEWOOD DR. STE 203
CITY-ST-ZIP	NAPLES FL	3 CITY-ST-ZIP	NAPLES, FL 33963
TITLE	PS	4 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, SUZANNE R.	4 NAME	
STREET ADDRESS	5551 RIDGEWOOD DR, #203	4 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(1)(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: [signature] 4/15/95 813-566-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

KEITH A. SHARPE

0331011 CP