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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10: 34

DOCUMENT # **L37920** **(0)**

1. Corporation Name
MEI HOLDINGS, INC.

Principal Place of Business	Mailing Address
ROUTE 1 BOX 700 PERRY FL 32347	ROUTE 1 BOX 700 PERRY FL 32347

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/22/1989**
3a. Date of Last Report: **04/28/1994**

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

4. FEI Number: ~~59-1728841~~ 59-3014524 ☐ 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

CAMP, BYRON S.
3375-A CAPITAL CIRCLE N E
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	YORK, ROY B.	12 NAME	
STREET ADDRESS	3741 BOBBIN BROOK CIR	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HANKINS, HAROLD	22 NAME	
STREET ADDRESS	103 SMITHFIELD DR	23 STREET ADDRESS	
CITY-ST-ZIP	BLACKSBURG VA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CLARK, MARK E.	32 NAME	
STREET ADDRESS	7861 KIMBEE DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	CONWAY, DAVID A.	42 NAME	
STREET ADDRESS	22 NORTH DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	PLANDOME NY	44 CITY-ST-ZIP	
TITLE	DS	51 TITLE	☐ Change ☐ Addition
NAME	LANGNER, KEVEN K.	52 NAME	
STREET ADDRESS	198 GREEN HILLS RD	53 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	BROWN, W.O.	62 NAME	
STREET ADDRESS	RT. 4 BOX 523	63 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL	64 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(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: W.O. Brown W. O. BROWN, ASST. SECR./ASST. TREAS. 3/21/95 904-584-2634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400021 FP