FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **12/22/1989**

3a. Date of Last Report: **03/27/1995**

2. Principal Place of Business (21): Suite, Apt #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: **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

81 Name: CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND ROAD
83
84 City: PLANTATION **FL** 85 Zip Code: 33324

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 individual signing (Note: Registered Agent's signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	YORK, ROY B.		1.2 NAME		
STREET ADDRESS	3741 BOBBIN BROOK CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HANKINS, HAROLD		2.2 NAME		
STREET ADDRESS	103 SMITHFIELD DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	BLACKSBURG VA		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	CLARK, MARK E.		3.2 NAME		
STREET ADDRESS	7861 KIMBEE DRIVE		3.3 STREET ADDRESS	RT. 1, BOX 135E	
CITY-ST-ZIP	CINCINNATI OH		3.4 CITY-ST-ZIP	HOT SPRINGS, NC 38743	
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CONWAY, DAVID A.		4.2 NAME		
STREET ADDRESS	22 NORTH DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANDOME NY		4.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LANGNER, KEVEN K.		5.2 NAME		
STREET ADDRESS	196 GREEN HILLS RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, W.O.		6.2 NAME		
STREET ADDRESS	RT. 4 BOX 523		6.3 STREET ADDRESS		
CITY-ST-ZIP	PERRY FL		6.4 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.** **4/30/96** **904-584-2634**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)