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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

ROUTE 1 BOX 700
PERRY FL 32347

Mailing Address

ROUTE 1 BOX 700
PERRY FL 32347-0751

3. Date Incorporated or Qualified 12/22/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3014524	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	YORK, ROY B.	
STREET ADDRESS	3741 BOBBIN BROOK CIR	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANKINS, HAROLD	
STREET ADDRESS	103 SMITHFIELD DR	
CITY - ST - ZIP	BLACKSBURG VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, MARK E.	
STREET ADDRESS	RT. 1, BOX 135E	
CITY - ST - ZIP	HOT SPRINGS NC	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CONWAY, DAVID A.	
STREET ADDRESS	22 NORTH DRIVE	
CITY - ST - ZIP	PLANDOME NY	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LANGNER, KEVEN K.	
STREET ADDRESS	106 GREEN HILLS RD	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, W.O.	
STREET ADDRESS	RT. 4 BOX 523	
CITY - ST - ZIP	PERRY FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS
6.3 STREET ADDRESS	TAYLOR, E.R.
6.4 CITY - ST - ZIP	301 W. HIGH ST. PERRY, FL 32347

14. I do 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: E.R. TAYLOR ASST. SEC./ASST. TREAS. 4/24/97 (904) 584-2634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0061113

CR2E034 (9/96)