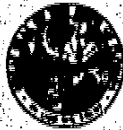


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 26 AM 7:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L52907 (7)

1. Corporation Name
MERIDIAN CONSTRUCTION AND DEVELOPERS, INC.

Principal Place of Business 3616 MAGNOLIA POINT BLVD GREEN COVE SPRINGS FL 32043	Mailing Address 3616 MAGNOLIA POINT BLVD GREEN COVE SPRINGS FL 32043
--	--

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/21/1990	3a. Date of Last Report 04/22/1994
4. FEI Number 59-3007638	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 21 Suite, Apt. #, etc.	2a. Mailing Address 25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	30 Country

9. Name and Address of Current Registered Agent
**ROYAL, BERT V.
3616 MAGNOLIA POINT BLVD
GREEN COVE SPRINGS FL 32043**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	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 _____
Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	ROYAL, BERT V.
STREET ADDRESS	3616 MAGNOLIA POINT BLVD
CITY - ST - ZIP	GREEN COVE SPRINGS,
TITLE	PD
NAME	SCHAD, THOMAS, DR.
STREET ADDRESS	3616 MAGNOLIA POINT BLVD
CITY - ST - ZIP	GREEN COVE SPRINGS,
TITLE	VP
NAME	ROYAL, BERT V.
STREET ADDRESS	3616 MAGNOLIA POINT BLVD
CITY - ST - ZIP	GREEN COVE SPRINGS,
TITLE	VPD
NAME	PEPE, JOSEPH
STREET ADDRESS	3616 MAGNOLIA POINT BLVD.
CITY - ST - ZIP	GREEN COVE SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 007, Florida Statutes; and that my name appears in Block 12 or (Block 13 if changed), or on an attachment with an address.

SIGNATURE: *Jose M. Perez* **April 21, 1995** 904-269-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)