

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90234 032 ****61.25

DOCUMENT # N40893

1. Entity Name

MEADSON ROADWAY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1022 MEADSON CIR
PENSACOLA FL 32506

1022 MEADSON CIR
PENSACOLA FL 32506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3037697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/04)



6. Name and Address of Current Registered Agent

MOORHEAD, STEPHEN
4300 BAYOU BLVD
SUITE 12
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name

James Mead

Street Address (P.O. Box Number is Not Acceptable)

1022 Meadson Cir

City

Pensacola

FL

Zip Code

32506

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James M Mead (President)

James M Mead

4-18-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	MEAD, JAMES M	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1022 MEADSON CIR	
CITY-ST-ZIP		PENSACOLA FL 32506	
TITLE	D	KELLY, EARL	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1062 MEADSON CIRCLE	
CITY-ST-ZIP		PENSACOLA FL 32506	
TITLE	D	DREW, WILBURN C	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1056 MEADSON CIRCLE	
CITY-ST-ZIP		PENSACOLA FL 32506	
TITLE	D	GRIFFIN, DEWITT	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1064 MEADSON CIRCLE	
CITY-ST-ZIP		PENSACOLA FL 32506	
TITLE	V	GIBBS, MICHAEL	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1066 MEADSON CIRCLE	
CITY-ST-ZIP		PENSACOLA FL 32506	
TITLE	D	WILLIAMSON, GENE	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1026 MEADSON CIRCLE	
CITY-ST-ZIP		PENSACOLA FL 32506	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James M Mead

James M Mead

4-18-05 (850) 492-9327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #