

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P31645** (5)

1. Corporation Name
MERIDIAN FINANCIAL SERVICES, INC.



Principal Place of Business: **86-B ASHELAND AVE. ASHEVILLE NC 28801-4081 US**
Mailing Address: **P O BOX 1410 ASHEVILLE NC 28802-1410 US**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **10/26/1990**
3a. Date of Last Report: **02/09/1995**
4. FEI Number: **56-1663191**
5. Certificate of Status Dashed: \$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
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 607.0509, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	[] DELETE
NAME	MCFARLAND, JOHN S.	
STREET ADDRESS	P.O. BOX 16707	
CITY-ST-ZIP	ASHEVILLE NC	
TITLE	VP	[] DELETE
NAME	KINSER, F. CINDY	
STREET ADDRESS	87 W OAKVIEW RD	
CITY-ST-ZIP	ASHEVILLE NC	
TITLE	S	[] DELETE
NAME	SHEPERD, GREGORY B.	
STREET ADDRESS	P.O. BOX 16707	
CITY-ST-ZIP	ASHEVILLE NC	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	[X] Change [] Addition
12 NAME	MCFARLAND, JOHN S.	
13 STREET ADDRESS	12 WESTON HEIGHTS DRIVE	
14 CITY-ST-ZIP	ASHEVILLE, NC 28803	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	S	[X] Change [] Addition
32 NAME	SHEPARD, GREGORY B.	
33 STREET ADDRESS	P. O. BOX 1410	
34 CITY-ST-ZIP	ASHEVILLE, NC 28802	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is correct and does not qualify for the exception stated in Section 119.07(3)(k), 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. This appears in Block 12 or Block 13 if changed, or on an addition with an asterisk.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 704-253-1236

CR2E034 (12/95)