

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P31645 (5)

1. Corporation Name
MERIDIAN FINANCIAL SERVICES, INC.



Principal Place of Business 86-B ASHESLAND AVE. ASHEVILLE NC 28801-4081 US	Mailing Address P O BOX 1410 ASHEVILLE NC 28802-1410 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/26/1990	3a. Date of Last Report 04/02/1996
21. State, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 56-1663191	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	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 _____ (Type or print name of registered agent and the date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCFARLAND, JOHN S.		1.2 NAME MCFARLAND, JOHN S.	
STREET ADDRESS 12 WESTON HEIGHTS DRIVE		1.3 STREET ADDRESS 12 WESTON HEIGHTS DRIVE	
CITY-STATE-ZIP ASHEVILLE NC		1.4 CITY-STATE-ZIP ASHEVILLE, NC 28803	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KINSER, F. CINDY		2.2 NAME	
STREET ADDRESS 87 W OAKVIEW RD		2.3 STREET ADDRESS	
CITY-STATE-ZIP ASHEVILLE NC		2.4 CITY-STATE-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHEPERD, GREGORY B.		3.2 NAME SHEPERD, GREGORY B	
STREET ADDRESS P.O. BOX 1410		3.3 STREET ADDRESS 64 BEECHWOOD ROAD	
CITY-STATE-ZIP ASHEVILLE NC		3.4 CITY-STATE-ZIP ASHEVILLE, NC 28805	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME MAIOCCO, STACEY	
STREET ADDRESS		4.3 STREET ADDRESS 86 B ASHESLAND AVENUE	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP ASHEVILLE, NC 28801	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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: Gregory B. Sheperd (Gregory B. Sheperd) 4/1/97 704-253-1236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)