

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

**FILED**

**Jan 29 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # P31645 (5)**  
1. Corporation Name  
**MERIDIAN FINANCIAL SERVICES, INC.**



Principal Place of Business  
**88-B ASHELAND AVE.  
ASHEVILLE NC 28801-4081  
US**

Mailing Address  
**P O BOX 1410  
ASHEVILLE NC 28802-1410  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/26/1990**

21. Principal Place of Business		26. Mailing Address		4. FEI Number <b>56-1663191</b>		Applied For <input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Zip		29. Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		30. Country					

**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. City	
84. State	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCFARLAND, JOHN S.</b>	1.2 NAME	
STREET ADDRESS	<b>12 WESTON HEIGHTS DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ASHEVILLE NC</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KINSER, F. CINDY</b>	2.2 NAME	
STREET ADDRESS	<b>87 W OAKVIEW RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ASHEVILLE NC</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEPERD, GREGORY B.</b>	3.2 NAME	
STREET ADDRESS	<b>84 BEECHWOOD ROAD</b>	3.3 STREET ADDRESS	<b>7 AMBER KNOLL COURT</b>
CITY-ST-ZIP	<b>ASHEVILLE NC</b>	3.4 CITY-ST-ZIP	<b>WEAVERVILLE, NC 28787</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAIOCCO, STACEY</b>	4.2 NAME	<b>S WALKER, KAREN</b>
STREET ADDRESS	<b>88 B ASHELAND AVENUE</b>	4.3 STREET ADDRESS	<b>28 LAUREL PARK DRIVE</b>
CITY-ST-ZIP	<b>ASHEVILLE NC</b>	4.4 CITY-ST-ZIP	<b>ARDEN, NC 28704</b>
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-ST-ZIP		5.4 CITY-ST-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-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 \_\_\_\_\_

CR2E034 (10/97)