FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:32

DOCUMENT # **P93000074991 (9)**

1. Corporation Name
MEADOW SPRING, INC.

Principal Place of Business	Mailing Address
4701 SOUTH GATOR LOOP HOMOSASSA FL 34448	4701 SOUTH GATOR LOOP HOMOSASSA FL 34448

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/28/1993
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 11309 W. Riverhaven Dr.	26 11309 W. Riverhaven Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Homosassa, FL	City & State 28 Homosassa, FL.
Zip / County 24 34448 / 25 CITRUS	Zip / County 29 34448 / 30 CITRUS

4. FEI Number: 59-3210352 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ADAMS, JAMES I 4701 SOUTH GATOR LOOP HOMOSASSA FL 34448	81 Name: Adams, James I. 82 Street Address (P.O. Box Number is Not Acceptable): 11309 W. Riverhaven Dr. 83 84 City: Homosassa FL 85 Zip Code: 34448

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: James I. Adams James I. Adams 2/10/95
Signature, typed or printed name of registered agent and title 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	11 TITLE	P	☒ Change ☐ Addition
NAME	ADAMS, JAMES I	12 NAME	Adams, James I.	
STREET ADDRESS	4701 SOUTH GATOR LOOP	13 STREET ADDRESS	11309 W. Riverhaven Dr.	
CITY ST ZIP	HOMOSASSA FL	14 CITY ST ZIP	Homosassa, FL 34448	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, NORMA V	22 NAME		
STREET ADDRESS	11894 W RIVERBZVON DR	23 STREET ADDRESS		
CITY ST ZIP	HOMOSASSA SPRINGS FL	24 CITY ST ZIP		
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	HARRIS, HELEN C	32 NAME	Harris, Helen C.	
STREET ADDRESS	5266 S RIVERVIEW CIR	33 STREET ADDRESS	11849 W. Riverhaven Dr.	
CITY ST ZIP	HOMOSASSA FL	34 CITY ST ZIP	Homosassa, FL 34448	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	CARROLL, MARGARET D	42 NAME		
STREET ADDRESS	5188 S RIVERVIEW CIR	43 STREET ADDRESS		
CITY ST ZIP	HOMOSASSA FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	THOMAS, J B	52 NAME		
STREET ADDRESS	11390 W WATERWAY DR	53 STREET ADDRESS		
CITY ST ZIP	HOMOSASSA FL	54 CITY ST ZIP		
TITLE	D	61 TITLE	D	☒ Change ☒ Addition
NAME	CURRIER, MILDRED	62 NAME	Bowd, Charles W.	
STREET ADDRESS	9781 W HALLS RIVER RD	63 STREET ADDRESS	5224 S. Riverview Circle	
CITY ST ZIP	HOMOSASSA FL	64 CITY ST ZIP	Homosassa, FL 34448	

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 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: James I. Adams James I. Adams 4/10/95 904-628-3361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0352268 CP