

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000074991 (9)

1. Corporation Name

MEADOW SPRING, INC.



Principal Place of Business

Mailing Address

11309 W RIVERHAVEN DR
HOMOSASSA FL 34448
US

11309 W RIVERHAVEN DR
HOMOSASSA FL 34448
US

3. Date Incorporated or Qualified
10/28/1993

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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

8. 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 L
11309 W RIVERHAVEN DR
HOMOSASSA FL 34448

81 Name

ADAMS, JAMES L.

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 L. Adams
Signed, typed or printed name of registered agent and true if applicable

Correction
(NOTE: Registered Agent signature required when reinstating)

3/2/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ADAMS, JAMES L	
STREET ADDRESS	11309 W RIVERHAVEN DR	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, NORMA V	
STREET ADDRESS	11894 W RIVERBZVON DR	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARRIS, HELEN	
STREET ADDRESS	11849 W RIVERHAVEN DR	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CARROLL, MARGARET D	
STREET ADDRESS	5188 S RIVERVIEW CIR	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, J B	
STREET ADDRESS	11390 W WATERWAY DR	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOWD, CHARLES W	
STREET ADDRESS	5224 S RIVERVIEW CIRCLE	
CITY-ST-ZIP	HOMOSASSA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ADAMS, JAMES L.	
1.3 STREET ADDRESS	11309 W. RIVERHAVEN DR.	
1.4 CITY-ST-ZIP	HOMOSASSA, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(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, 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 L. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/96 *352-628-3361*
Date Daytime Phone #

CR2E034 (12/95)