

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

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Apr 17 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 # **P93000074991 (9)**

1. Corporation Name
MEADOW SPRING, INC.



Principal Place of Business 11309 W RIVERHAVEN DR HOMOSASSA FL 34448 US	Mailing Address 11309 W RIVERHAVEN DR HOMOSASSA FL 34448-3721 US
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3. Date Incorporated or Qualified 10/28/1993	3a. Date of Last Report 03/06/1996
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2. Principal Place of Business 21 4309 S. Blue Water Pt. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 956 Suite, Apt. #, etc.	4. FEI Number 59-3210352 Applied For <input type="checkbox"/> Not Applicable
22 City & State Homosassa, FL	27 City & State Homosassa, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip 34448	28 Zip 34487	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country US	30 Country US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent ADAMS, JAMES I. 11309 W RIVERHAVEN DR HOMOSASSA FL 34448	10. Name and Address of New Registered Agent 81 Name Adams, James I. 82 Street Address (P.O. Box Number is Not Acceptable) 4309 S. Blue Water Point 83 84 City Homosassa FL 85 Zip Code 34448
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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* **3/29/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ADAMS, JAMES I.		1.2 NAME Adams, James I.	
STREET ADDRESS 11309 W RIVERHAVEN DR		1.3 STREET ADDRESS 4309 S. Blue Water Pt N/A	
CITY-ST-ZIP HOMOSASSA FL		1.4 CITY-ST-ZIP Homosassa, FL 34448	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, NORMA V		2.2 NAME Anderson, Norma V	
STREET ADDRESS 11894 W RIVERBZVON DR		2.3 STREET ADDRESS 11894 W. Riverhaven Dr.	
CITY-ST-ZIP HOMOSASSA SPRINGS FL		2.4 CITY-ST-ZIP Homosassa, FL 34448	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HARRIS, HELEN		3.2 NAME Stone man, Barbara H.	
STREET ADDRESS 11849 W RIVERHAVEN DR		3.3 STREET ADDRESS 5264 S. Spy Glass Pt.	
CITY-ST-ZIP HOMOSASSA FL		3.4 CITY-ST-ZIP Homosassa, FL 34448	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARROLL, MARGARET D		4.2 NAME	
STREET ADDRESS 5188 S RIVERVIEW CIR		4.3 STREET ADDRESS	
CITY-ST-ZIP HOMOSASSA FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS, J B		5.2 NAME	
STREET ADDRESS 11390 W WATERWAY DR		5.3 STREET ADDRESS	
CITY-ST-ZIP HOMOSASSA FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOWD, CHARLES W		6.2 NAME	
STREET ADDRESS 5224 S RIVERVIEW CIRCLE		6.3 STREET ADDRESS	
CITY-ST-ZIP HOMOSASSA FL		6.4 CITY-ST-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: *James I. Adams* *James I. Adams* **4/11/97** **352-628-5849**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)