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FILED

Feb 24 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 # P93000074991 (9)

1. Corporation Name
MEADOW SPRING, INC.

Principal Place of Business

4309 S BLUE WATER PT
HOMOSASSA FL 34448
US

Mailing Address

P.O BOX 956
HOMOSASSA FL 34487
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 100 N. Winterset Ave

Suite, Apt. #, etc.

22 City & State

23 Crystal River, FL

24 Zip

34423

25 Country

US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

9. Name and Address of Current Registered Agent

ADAMS, JAMES I.
4309 S BLUE WATER POINT
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)

100 N. Winterset Ave.

83

84

City Crystal River

FL

85 Zip Code

34423

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

Signature, typed or printed name of registered agent and title if applicable

James I. Adams

(NOTE: Registered Agent signature required when reinstating)

2/10/98

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

ADAMS, JAMES I.

STREET ADDRESS

4309 S BLUE WATER PT N/A

CITY-ST-ZIP

HOMOSASSA FL

TITLE

D

NAME

ANDERSON, NORMA V

STREET ADDRESS

11894 W RIVERHAVEN DR

CITY-ST-ZIP

HOMOSASSA FL

TITLE

S

NAME

STONEMAN, BARBARA H.

STREET ADDRESS

5284 S SPY GLASS PT

CITY-ST-ZIP

HOMOSASSA FL

TITLE

T

NAME

CARROLL, MARGARET D

STREET ADDRESS

5188 S RIVERVIEW CIR

CITY-ST-ZIP

HOMOSASSA FL

TITLE

D

NAME

THOMAS, J B

STREET ADDRESS

11390 W WATERWAY DR

CITY-ST-ZIP

HOMOSASSA FL

TITLE

D

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

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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: James I. Adams

James I. Adams

2/10/98 352-563-2917

CR2E034 (10/97)