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FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90012 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000076541

1. Corporation Name

MERIDIAN INVESTMENT & MANAGEMENT, INC.

Principal Place of Business

530 1/2 OLD MAIN STREET
BRADENTON FL 34205
US

Mailing Address

530 1/2 OLD MAIN STREET
BRADENTON FL 34205
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1993

4. FEI Number

65-0446181

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 the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

OZARK, DAMIAN M ESQ.
% OZARK & PERRON, P.A.
2808 MANATEE AVENUE WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

Registered Agent signature required when reinstating

DATE

DAMIAN M. OZARK

ATTY

1-13-99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PERKINS ELEANOR B.	
STREET ADDRESS	530 1/2 OLD MAIN ST.	
CITY-ST-ZIP	BRADENTON FL 34206	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLINE, MARGARET M.	
STREET ADDRESS	530 1/2 OLD MAIN ST	
CITY-ST-ZIP	BRADENTON FL 34206	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEHMAN, JR. JOHN D.	
STREET ADDRESS	530 1/2 OLD MAIN ST	
CITY-ST-ZIP	BRADENTON FL 34206	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATSON, MYRTICE	
STREET ADDRESS	530 1/2 OLD MAIN ST	
CITY-ST-ZIP	BRADENTON FL 34206	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REAGAN, RONALD	
STREET ADDRESS	530 1/2 OLD MAIN ST	
CITY-ST-ZIP	BRADENTON FL 34206	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	5	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PERKINS, ELEANOR B	
1.3 STREET ADDRESS	530 1/2 Old main St	
1.4 CITY-ST-ZIP	BRADENTON, FL 34205	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CLINE, MARGARET M	
2.3 STREET ADDRESS	530 1/2 Old main St	
2.4 CITY-ST-ZIP	BRADENTON, FL 34205	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/93)