

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P93000083739 (1)**

1. Corporation Name
MERIDIAN CAPITAL GROUP, INC.

Principal Place of Business
2301 MAITLAND CETNER PARKWAY
STE. 100
MAITLAND FL 32751
US.

Mailing Address
2301 MAITLAND CETNER PARKWAY
STE. 100
MAITLAND FL 32751
US

2. Principal Place of Business

21 **195 Wekiva Springs Rd.**

Suite, Apt. #, etc.

22 **Suite 200**

City & State

23 **Longwood, FL.**

Zip

24 **32779**

Country

25 **Seminole**

2a. Mailing Address

26 **195 Wekiva Springs Rd.**

Suite, Apt. #, etc.

27 **Suite 200**

City & State

28 **Longwood, FL.**

Zip

29 **32779**

Country

30 **Seminole**

9. Name and Address of Current Registered Agent

O'BRIEN, MICHAEL M
1701 PERCH LN.
SANFORD FL 32771

3. Date Incorporated or Qualified

12/01/1993

4. FEI Number

59-3214190

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

600002679736-73

-11/04/98-01013-019

******550 FL 85 Zip Code**

11. Pursuant to the provisions
of the Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
agent. I hereby accept the appointment as registered
agent.

Provisions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
agent. I hereby accept the appointment as registered
agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/29/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **JOHN R. MANION**
STREET ADDRESS **1227 MAJESTIC OAK DRIVE**
CITY-ST-ZIP **APOPKA FL**

TITLE ☐ DELETE

NAME **MANION, JOHN R**
STREET ADDRESS **1227 MAJESTIC OAK DR.**
CITY-ST-ZIP **APOPKA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 trustee 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:

SIGNATURE REQUIRED

9/29/98

407-682-2001

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CR2E034 (5/98)

FILED

98 OCT 30 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE