

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000084366 (2)

1. Corporation Name

MEADOWBROOK CONSTRUCTION, INC.



Principal Place of Business

4509 N.W. 23RD AVE.  
SUITE 16  
GAINESVILLE FL 32606

Mailing Address

4509 N.W. 23RD AVE.  
SUITE 16  
GAINESVILLE FL 32606

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/09/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3223721

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

WALLACE, HOWARD K JR  
4509 NW 23RD AVENUE  
SUITE 16  
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name

WALLACE, HOWARD K JR.

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

ROUTE 2, BOX 2154

83

84 City

MELROSE

FL

85 Zip Code

32666

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

*Howard K. Wallace, Jr.*

Howard K. Wallace, Jr. 3/28/96

DATE

(Print Name of Registered Agent and Date of Appointment)

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME WALLACE, HOWARD K JR.  
STREET ADDRESS 4509 N.W. 23RD AVE., SUITE 16  
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE DST  
NAME WALLACE, ANNE M  
STREET ADDRESS 4509 N.W. 23RD AVE., SUITE 16  
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE DVP  
NAME PUCKETT, JON D  
STREET ADDRESS 802 NW 23 AVE  
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE DVP  
NAME LASH, ROBERT A  
STREET ADDRESS 10323 NW 34TH LANE  
CITY-ST-ZIP GAINESVILLE FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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 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: X

*Howard K. Wallace, Jr.*

Howard K. Wallace, Jr. 3/28/96 352-377-2240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)