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FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1993

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

2. Principal Place of Business

21 4707 NW 53 Ave

Suite, Apt #, etc

22 Suite A

City & State

23 Gainesville, FL

Zip

Country

24 32606

25 USA

2a. Mailing Address

26 4707 NW 53 Ave

Suite, Apt #, etc.

27 Suite A

City & State

28 Gainesville, FL

Zip

Country

29 32606

30 USA

9. Name and Address of Current Registered Agent

WALLACE, HOWARD K JR  
8021 N.E. 221 ST STREET  
MELROSE FL 32666

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME DVP  
PUCKETT, JOHN D  
STREET ADDRESS 802 NW 23 AVE  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☒ DELETE

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

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 4707 NW 53 Ave, Suite A  
1.4 CITY-ST-ZIP Gainesville, FL 32606

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 4707 NW 53 Ave, Suite A  
2.4 CITY-ST-ZIP Gainesville, FL 32606

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP Gainesville, FL 32601

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 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.

Anne M. Wallace

SIGNATURE: Anne M. Wallace

Sec./Treasurer

4/28/98

352-377-2240

CR2E034 (10/97)