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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE Sandra B. Mortham Scoretary of State DIVISION OF CORPORATIONS

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DOCUMENT # 1. Corporation Name

P93000084369 (6)

ME AI	DOWBROOK DEVELOPME	NT, INC.		# (188/188) ## (188 / 188/188)	
Principal Place	of Business	Mailing Address			I BONN BONN BOND HEND BUIDD NIFE DAIND HOLL DEN
SUITE 16	23RD AVE. LE FL 32606	4509 N.W. 23RD A SUITE 16 GAINESVILLE FL 3		Date Incorporated or Qualifie	d. Co. Coho di antiloni
				12/09/1993	d 3a. Date of Last Report 05/01/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	P -L-	26		59-3213889	Not Applicable
Suite, Apt. 22	, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip	Country		or intangible tax under s. 199.032,
24	9. Name and Address of Curre	29 ent Registered Agent	30	Florida Statutes Y	es No
			81 Nanie		negistered Agent
WALL	ACE, HOWARD K JR.			WALLACE, HOWARD	K JR.
	N.W. 23RD AVE.		82 Stree	t Address (P.O. Box Number is Not Accept ROUTE 2 BOX 215	
SUITE			83	1001H 21 BOX 2 (5.	2
GAINE	SVILLE FL 32606		84 City		
			84 City	MELROSE	FL 85 Zip Code 32666
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the above named of	corporation submits this statement for the p is board of directors. Thereby accept the ap	ourpose of changing its registered office
familiar wit	h, and accept the office store of Sec	ekon 607.0505, Flynda Statuto	s	s board of directors. I hereby accept the ap	opointment as registered agent. I am
SIGNATURE 🕇				ard K. Wallace, Jr.	
12.	Signature that all of and test remaining the grades of the control				· · · · · · · · · · · · · · · · · · ·
TITLE	DP OFFICERS AF	ND DIRECTORS	13.	ADDITIONS/CHANGES TO O	FEICERS AND DIRECTORS IN 12
NAME	WALLACE, HOWARD K JE	_	1 ? NAME		Change Addition
STREET ADDRESS	4509 N.W. 23RD AVE., SU		1.3 STREET ADDRESS		•
CITY-ST-ZIP	GAINESVILLE FL	MIL 10	14 O TY - ST ZIP		
TITLE	DVST	TT DELETE	2 1 TILE		Change Addition
NAME	WALLACE, ANNE M	-	2 ? NAME		
STREET ADDRESS	4509 N.W. 23RD AVE., SU	IITE 16	2 3 STREET ADDRESS		
CITY-ST-7HP	GAINESVILLE FL		2 4 OITY - ST - ZIP		
TITLE	DV	▼ DELETE	3 1 THUE		☐ Change ☐ Addition
NAME	Lash, Robert		3.2 NAME		
STREET ADDRESS	10323 NW 34TH LANE		3.3 STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE FL		3.4 CITY - ST - ZIP		
TITLE		☐ DELETE	4 1 MILE	DV	Change 🙀 Addition
NAME			4.2 NAME	PUCKETT, JOHN DON	
STREET ADDRESS			4/3 STREET ADDRESS	802 N.W. 23RD AVE	
CITY-ST-ZIP			4.4 CHY+SI-7IP	GAINESVILLE FL 3	2601
TITLE		DELETE	5 1 THT _C F		Change Addition
NAME OTREET ABORESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELFTE	5.4 CITY-ST-ZIP		
NAME			6 i lite		Change Addition
STREET ADDRESS			6.2 NAME		
DIMEE: ADDRESS			6.3 STREET ADDRESS		

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 ghanged, or on arrival appears in the receiver of the corporation of the corporatio

SIGNATURE: X

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