

1-28-97 B-0084 -C

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 28 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000016245 (0)

1. Corporation Name

MEADORS ENTERPRISES, INC.

Principal Place of Business

209 CRABTREE AVE
9000 AVALON WOODS DR
ORLANDO FL 32835
US

Mailing Address

209 CRABTREE AVE
9000 AVALON WOODS DR
ORLANDO FL 32835-1911
US

2. Principal Place of Business

21 209 Crabtree Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 209 Crabtree Ave
Suite, Apt. #, etc.

City & State

23 Orlando FL

City & State

28 Orlando FL

Zip

24 32835

Country

25 US

Zip

29 32835

Country

30 US

9. Name and Address of Current Registered Agent

MEADORS, DONALD W
209 CRABTREE AVE
ORLANDO FL 32835

3. Date Incorporated or Qualified

02/24/1984

3a. Date of Last Report

01/23/1996

4. FEI Number

59-3227809

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

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

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: Signed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE Jan. 20, 1997

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MEADORS, DONALD W | |
| STREET ADDRESS | 209 CRABTREE AVE | |
| CITY - ST - ZIP | ORLANDO FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | MEADORS, MARGO L | |
| STREET ADDRESS | 209 CRABTREE AVE | |
| CITY - ST - ZIP | ORLANDO FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 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 do 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.

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)