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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000016245

1. Corporation Name

MEADORS ENTERPRISES, INC.

Principal Place of Business
209 CARBTREE AVE. ORLANDO FL 32835

CITY-ST-ZIP

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90069 035 ***150.00



Principal Place	of Business	Mailing Address							
209 CARBTREE	AVE.	209 CRABTREE AVE.							
ORLANDO FL 32835 US		ORLANDO FL 32835 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						02/24/1994			- 1
2. Principal Pla	ace of Business/	2a. Mailing Address				4. FEI Number		A	pplied For
21 2/19	Construe Ave.	26				59-3227609		No.	ot Applicable
Suite, Apt.	// E: ALL	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22		27				5. Certificate of Status Desired		Fee R	equired
City & State		City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the curr	ent yéar Ir		
24	25		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	t Registered Agent		81	Maria	10. Name and Address of New F	Registered	Agent	
3.4E A F	DODE DONALD W		-	81	Name				
MEADORS, DONALD W				82	Street Addr	et Address (P.O. Box Number is Not Acceptable)			
	CRABTREE AVE						***		
UHLA	ANDO FL 32835			83					
				84	City	<u></u>	Fi	85 Zip	Code
44 Durament 6	to the provisions of Sections 607 0500	2 and 607 1508 Florida Statute	s the at	nove-	named come	oration submits this statement for the	purpose c	f changing its	s registered
office or re	agistered agent or both in the State of	of Florida. Such change was au	utnonzea	ו סע נו	ne cogporatio	on salogno oi gireglogs, i negeby accep	ot the appo	ointment as re	egistered
agent. I ar	n familiar with and accept the obligat	ions of, Section 607.0505, Flor	ida Statu	nes.	Done	ier profesopra		1.20	.90
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE:	Registered	Agent	signature required	d when reinstating)	DATE	2.25	
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 TIT	LE				☐ Change	☐ Addition
	PD MEADORS, DONALD W							☐ Change	☐ Addition
NAME	PD MEADORS, DONALD W 209 CRABTREE AVE		1.1 TIT 1.2 NA	ME	ADDRESS			☐ Change	Addition
NAME STREET ADDRESS	MEADORS, DONALD W		1.1 TIT 1.2 NA 1.3 STI	ME				☐ Change	Addition
NAME	MEADORS, DONALD W 209 CRABTREE AVE		1.1 TIT 1.2 NA 1.3 STI	ME REET# IY-ST-				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	MEADORS, DONALD W 209 CRABTREE AVE ORLANDO FL ST	☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	ME REET# IY-ST- LE					
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MEADORS, DONALD W 209 CRABTREE AVE ORLANDO FL ST MEADORS, MARGO L 209 CRABTREE AVE	☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	ME REET / IY-ST- LE ME REET /	ZIP				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MEADORS, DONALD W 209 CRABTREE AVE ORLANDO FL ST MEADORS, MARGO L	☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	ME REET A TY-ST- LE ME REET A TY-ST	ZIP				
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MEADORS, DONALD W 209 CRABTREE AVE ORLANDO FL ST MEADORS, MARGO L 209 CRABTREE AVE	☐ DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST	ME REET / LE ME REET / ITY-ST	ZIP ADDRESS -ZIP ADDRESS			Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MEADORS, DONALD W 209 CRABTREE AVE ORLANDO FL ST MEADORS, MARGO L 209 CRABTREE AVE	☐ DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST	ME REET / IY-ST- LE REET / ITY-ST LE ME REET / TY-ST LE AME REET / TY-ST TLE REET / TY-ST TY-ST	ZIP ADDRESS - ZIP ADDRESS - ZIP			☐ Change	Addition
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE