SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000011885 (7)**

1. Corporation Name
MEADE & WHARTON, INC.

Principal Place of Business
600 NORTH STREET
NEW SMYRNA BEACH FL 32168

Mailing Address
600 NORTH STREET
NEW SMYRNA BEACH FL 32168

3. Date Incorporated or Qualified: 02/10/1995
3a. Date of Last Report: 2-96

2. Principal Place of Business
21 803 EVERGREEN ST
Suite, Apt #, etc.
22
City & State
23 NEW SMYRNA BCH FL
Zip 24 32169
Country 25 VOLUSIA

2a. Mailing Address
26 P.O. BOX 1348
Suite, Apt #, etc.
27
City & State
28 FLAGLER BCH, FL
Zip 29 32136
Country 30 FLAGLER

4. FEI Number: 59-3295035 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$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**
MEADE, DUANE
600 NORTH STREET
NEW SMYRNA BEACH FL 32168

10. **Name and Address of New Registered Agent**
81 Name: MEADE, DUANE
82 Street Address (P.O. Box Number is Not Acceptable): 803 EVERGREEN ST.
83
84 City: NEW SMYRNA BEACH FL 85 Zip Code: 32169

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 _____ (NOTE: Registered Agent signature is required whether a change or not) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	MICHAEL WHARTON	
STREET ADDRESS	5431 MAHOGONY BLVD.	
CITY-ST-ZIP	Bunnell, FL 32110	
TITLE	SEC/TREAS.	☐ DELETE
NAME	DUANE MEADE	
STREET ADDRESS	803 EVERGREEN ST.	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32169	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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	300001926733	☐ Change ☐ Addition
6.2 NAME	-08/20/96--01085--038	
6.3 STREET ADDRESS	***225.00	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Duane Meade — DUANE MEADE — 8-3-96 — (904)451-8516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

0002008 CP