

1-16-97 B-0242 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000065257 (4)

1. Corporation Name
MEADOWCROFT DESIGN, INC.

Principal Place of Business

2810-23 SHARER RD
TALLAHASSEE FL 32312
US

Mailing Address

1508 AVONDALE WAY
TALLAHASSEE FL 32311-0469



3. Date Incorporated or Qualified

08/23/1995

3a. Date of Last Report

01/22/1996

4. FEI Number

59-3336098

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

WALDOCH, LAUCHLIN T
215 SOUTH MONROE STREET
SUITE 701
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

Waldoch, Lauchlin T.

82 Street Address (P.O. Box Number is Not Acceptable)

2120 Killarney Way

83

84

City
Tallahassee

FL

85

Zip Code
32308

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 P
NAME MEADOWCROFT, MICHAEL F
STREET ADDRESS 1508 AVONDALE WAY
CITY- ST- ZIP TALLAHASSEE FL
☐ DELETE

TITLE VST
NAME MEADOWCROFT, JULIA ANN
STREET ADDRESS 1508 AVONDALE WAY
CITY- ST- ZIP TALLAHASSEE FL
☐ DELETE

TITLE V
NAME MEADOWCROFT, MARC C
STREET ADDRESS 1508 AVONDALE WAY
CITY- ST- ZIP TALLAHASSEE FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
☒ Change ☐ Addition
Marc to Mark
1900 Centre Pointe Blvd. #41
Tallahassee, FL 32308

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

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:

Michael F. Meadowcroft
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-97

Date

904/385-
8798

Daytime Phone #

CR2E034 (9/96)