

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000086627 (3)

1. Corporation Name

THE MEADOWS OF CITRUS COUNTY, INC.



Principal Place of Business

10374 N. NATCHEZ LOOP  
DUNNELLON FL 34434

Mailing Address

10374 N. NATCHEZ LOOP  
DUNNELLON FL 34434

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LAFORD, PAUL P  
10374 N. NATCHEZ LOOP  
DUNNELLON FL 34434

3. Date Incorporated or Qualified

11/13/1995

3a. Date of Last Report

4. FEI Number

59-3344522

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

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

*Paul Laford*

*Paul P. Laford*

*March 29, 1996*

(Signature, typed or printed name of registered agent and date it is received)

(Typed Registered Agent signature, typed date received)

(Date)

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME BOWRING, RICHARD W  
STREET ADDRESS P.O. BOX 2916 N/A  
CITY-STATE-ZIP INVERNESS FL 34451-2916

TITLE D ☐ DELETE  
NAME LAFORD, PAUL P  
STREET ADDRESS 10374 N. NATCHEZ LOOP  
CITY-STATE-ZIP DUNNELLON FL 34434

TITLE D ☐ DELETE  
NAME LAFORD, JERALD  
STREET ADDRESS 10374 N. NATCHEZ LOOP  
CITY-STATE-ZIP DUNNELLON FL 34434

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME LAFORD, PAUL P  
2.3 STREET ADDRESS 10374 N. NATCHEZ LOOP  
2.4 CITY-STATE-ZIP DUNNELLON FL 34434

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME LAFORD, JERALD  
3.3 STREET ADDRESS 10374 N. NATCHEZ LOOP  
3.4 CITY-STATE-ZIP DUNNELLON FL 34434

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 119.073(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 changed, or on an attachment with an address.

SIGNATURE: *Paul Laford* *Paul P. Laford*

(Signature and typed or printed name of signing officer or director)

*March 9, 1996* *852-237-7887*

(Date)

(Business Phone #)

CR2E034 (12/95)