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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000086627 (3)

THE MEADOWS OF CITRUS COUNTY, INC.

Principal P	400	ol	Ηı	ISir	ıc	SS

Mailing Address

10374 N. NATCHEZ LOOP DUNNELLON FL 34434 10374 N. NATCHEZ LOOP DUNNELLON FL 34434-3741

FILED Mar 03 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 11/13/1995		te of Last R)2/1996	leport	
2. Principat	Place of Business 2a. Mailing Address			4. FEI Number	··· • • • • • • • • • • • • • • • • • •	Ar	plied For			
21	26			59-3344522		No	ot Applicable			
Suite, Apt 22	. #, efc	Suite, Apt. #, etc.			5. Certificate of Status Desired	SR 75 Additional				
City & Sta	17.0	City & State	······································		, , ,	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution				
7 ₁ p	Country	Zip	T Co	untry		This corporation has liability for intangible tax under s. 199.032,				
24 25 29 30						Yes		. 199.032,		
15-31	g, Name and Address of Curr		130	Т		10. Name and Address of New R				
IA	FORD, PAUL P	-		81	Name					
	374 N. NATCHEZ LOOP									
DUNNELLON FL 34434			82 Street Address (P.O. Box Number is Not Acceptable)							
00	MACLEON FE 34434			63	·····					
				03						
				64	City			85 Zip	Code	
				<u> </u>	L		FL	1		
11. Pursuan office or	t to the provisions of Sections 607.0: -registered agent, or both, in the Sta	502 and 607,1508, Flori de of Florida, Such chai	da Statutes, the a	above M be	e-named corp	poration submits this statement for the tion's board of directors. I hereby acce	ourpose of	changing if	ts registered	
agent 1	an familiar with, and accept the obt	gations of, Section 607	.0505, Florida St	alutes	, ing corporai 3.	tions total of directors, Thereby acce	bi the app	MILLIANI BENE	registered	
SIGNATURE	12 1 62 0 C	Bul LOPON	1 sec	tn	eagute	· Rel	2-36	1607		
erer viterie	Signaturi, typica of professional elementation	ageni and title it applicable.	(NOTE: Register	ed Age	nt signature requi	red when reinstating)	DATE	100/		
12.	OFFICERS A	ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFI			RS IN 12	
THLF	D	X □	ELETE 1.1	TITLE		Sec trausure		Change	Addition	
NAME	BOWRING, RICHARD W	•	12	NAME		Paul La Ka WA				
STREET ADDRESS	P.O. BOX 2916 N/A		1.3	STREET	ADDRESS	Paul La FONA 10374 No. Notchez 1 Dunnellon #1.39	900			
CITY-ST-ZIP	INVERNESS FL 34451-2916		14	CITY - S	7-7IP	DUDINOLINE #1 30	14 35/	•		
TITLE	D	□ D		TITLE.	7	DANGE CON FE 7	7//	Change	Addition	
NAME	LAFORD, JERALD			NAME						
STREET ADDRESS	10074 N. NATOUEZ LOOD			23 STREET ADDRESS						
CITY - ST - ZIP	DUNNELLON FL 34434			CITY-S						
Til.F		Пр		TITLE)1-EH			Change	Addition	
NAME				NAME						
STREET ADDRESS					ADDRESS					
					1					
COTY-ST ZOP TOLE	1	In		CTY-S	or-zir			Change	Addition	
NAME		۰ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ						Orange	First Modellon	
				NAME	*DDDE00					
STREET ADDRESS					ADDRESS					
CHY - \$1 - 71P		D		CITY-S	1 - ZIP	***************************************		Chrosi	T Anales-	
TITLE		- u		TITLE				Change	Addition	
NAME				NAME						
STREET ADDRESS			5.3	STREET	ADDRESS					
CHTV - S1 - 716*				CITY - S	T-ZIP	· · · · · · · · · · · · · · · · · · ·				
10; F		D	ELETE 6.1	TITLE				Change	Addition	
NAME										
			6.2	NAME						
STREET ADDRESS					ADDRESS					
STREET ADDRESS OFF-ST-ZIP			63				•			

14. For never that the information supplied with this filing does not quality for the exemption islated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; 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:

Jaul Le Low Payl Lo Ford

Feb 26/897 752

752-239-788/