

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 # P95000087554 (8)

1. Corporation Name

FRED'S MEAD COMPANY

Principal Place of Business

3009 S.W. ARCHER RD., #E-8  
GAINESVILLE FL 32608

Mailing Address

3009 S.W. ARCHER RD., #E-8  
GAINESVILLE FL 32608-1809

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

26

Country

29

Zip

30

Country

3. Date Incorporated or Qualified

11/15/1995

3a. Date of Last Report

05/02/1996

4. FEI Number

APPLIED FOR 54-3377251

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

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

BUHL, ALFRED W  
3009 S.W. ARCHER RD., #E-8  
GAINESVILLE FL 32608

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
	BUHL, ALFRED W 3009 S.W. ARCHER RD., #E-8 GAINESVILLE FL 32608		BUHL, ALFRED W
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
	VP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BADOWSKI, RAY 9716 NW 6TH PL. GAINESVILLE FL 32607		
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
	T	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
	BUHL, ALFRED W 3009 S.W. ARCHER RD., #E-8 GAINESVILLE FL 32608		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
	BADOWSKI, RAY 9716 NW 6TH PL. GAINESVILLE FL 32607		
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
	MVP PILGER, BRADLEY C 616 NW 6TH PL GAINESVILLE FL 32601	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DILGER, C BRADLEY		
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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:

*Alfred W. Buhr*

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

4/26/97 (352) 846-1990

Daytime Phone #

0067822

CR2E024 (9/96)