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

PROFIT CORPORATION ANNUAL REPORT

_4999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90092 048 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

DUCUMENT# P9700008358	OCUMENT #	P97000083582
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1. Corporation Name

22

MEADOWOOD HOMES REAL ESTATE

out of hours have lie.	mil, inc.
Principal Place of Business	Mailing Address
12217 Cortez Blvd.	12217 Cortez Blvd.
Brooksville, FL 34613	Brooksville, FL 34613
2. Principal Place of Business	2a. Mailing Address

\$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes the current year Intangible YZINA 29 30 9. Name and Address of Current Registered Agent MEADOWS, MARSHA L

6411 YVETTE DR. HUDSON, FL 34667

_	Fersonal Froperty rax.				Y**
Ţ	10. Name and Address of New Regis	tered A	gent		
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City	FI	85	Zip Cod	de
\perp $_{L}$		<u>, </u>	1 _1		

4. FEI Number

59~3472681

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.

COUNTING								
SIGNATURE	Signature, typed or printed name of registered agent and title if app	olicable (NOTE: Re	egistered Agent signature r	equired when reinstating)	DATE			
12.	OFFICERS AND DIRECT	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	P	☐ DELETE	1.1 TITLE	P, D	2 Change	☐ Addition		
NAME	MEADOWS, MARSHA L	!	1.2 NAME			ĺ		
STREET ADDRESS	5411 YVETTE DR.	ı	1,3 STREET ADDRESS			ļ		
City-St-Zip	HUDSON, FL 34667		1.4 CITY-ST-ZIP					
TITLE	V 111, 2100,	XXX DELETE	2,1 TITLE	V	Change	Addition A		
NAME	FAULK, DONALD W.		2.2 NAME	MILLER, SANDRA K.		j		
STREET ADDRESS	1286 HAMMOD DR.		2.3 STREET ADDRESS	1723 HIGHLAND DR.; NW		ļ		
CITY-ST-ZIP	BROOKSVILLE, FL #\$c)!		2.4 CITY-ST-ZIP	CULLMAN, AL 35055				
TITLE	2	[] DELETE	3.1 TITLE		Change	Addition		
NAME			3.2 NAME	S.T.D. MEADOWS, ROBERT 5411 YVETTE DR.		Į		
STREET ADDRESS			3.3 STREET ADDRESS	HUDSON, FL 34667		.		
CITY-ST-ZIP			3,4. CITY-ST-ZIP	10D50N, FE 54007				
TITLE		DELETE	4.1 TITLE		☐ Change	Addition		
NAME			4, 2 NAME			(
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP			ł		
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME			6.2 NAME			ĺ		
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP					

I 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 if changed, or pon an attachment with an address, with all other like empowered.

SIGNATURE:

Re0

March 10, 1999

<u>352-596-7503</u>