

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90033 003 \*\*\*150.00

DOCUMENT # **P98000040116**

1. Corporation Name  
**MEADE DEVELOPMENT, INC.**

Principal Place of Business  
**788 HARBOR WINDS DR.  
JACKSONVILLE FL 32225**

Mailing Address  
**788 HARBOR WINDS DR.  
JACKSONVILLE FL 32225**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/01/1998**

4. FEI Number

**59-3509496**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **2698 Treasure Cove Ln**

Suite, Apt. #, etc.

22

23 **Jacksonville, FL**

24 **32224** 25 **US**

2a. Mailing Address

26 **P.O. Box 350788**

Suite, Apt. #, etc.

27

28 **Jacksonville, FL**

29 **32235** 30 **US**

9. Name and Address of Current Registered Agent

**MEADE, DOUGLAS B  
788 HARBOR WINDS DR.  
JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent

81 Name **Douglas B. Meade**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2698 Treasure Cove Ln**  
83  
84 City **Jacksonville** FL 85 Zip Code **32224**

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 **Douglas B. Meade**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Apr 2, 1999**

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE  
NAME **MEADE, DOUGLAS B**  
STREET ADDRESS **788 HARBOR WINDS DR.**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition  
1.2 NAME **Douglas B. Meade**  
1.3 STREET ADDRESS **2698 Treasure Cove Ln**  
1.4 CITY-ST-ZIP **Jacksonville, FL 32224**

2.1 TITLE **T/S** ☐ Change ☒ Addition  
2.2 NAME **Kimberly Kelly**  
2.3 STREET ADDRESS **4521 Charles Bennett Drive**  
2.4 CITY-ST-ZIP **Jacksonville, FL 32225**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

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

14. 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/99**

Date

**(904) 821-8543**

Daytime Phone #

CR2E034 (1/1/98)