Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

85 Zip Code

LINO

M Yes

FILED

SSIPE 27 PM 3: 47

GEORETARY OF STATE TALLAMASSEE, FLORIDA

Name and Address of New Registered Agent

DO NOT WRITE IN THIS SPACE

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT DE STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800063917 1. Corporation Name

TEXAS MEADOWS II. INC.

**SUITE 1100** 

ORLANDO FL 32801

		1 11 11 11 11 11 11 11 11 11 11 11 11 1
Principal Place of Business	Mailing Address	i internace ira laint inist matir main main a
950 NORTH ORLANDO AVENUE #320 WINTER PARK FL 32789	950 NORTH ORLANDO AVENUE ₱320 -WINTER PARK FL 32789	DO NOT WRITE II
Principal Place of Business     11	28-Mailing Addisss 4961	3. Date Incorporated or Qualified 07/20/1998 4. FET Number
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired 💢
City & State	28 ORLANDO, FL	6. Election Campaign Financing Trust Fund Contribution
Zip Country [25]	29 32802 [30  USA	8. This corporation owes the current y Personal Property Tax
9. Name and Address of B&C CORPORATE SERVICES ( 390 NORTH ORANGE AVENUE	OF CENTRAL FLORIDA 81 Name	10. Name and Address of New Regit ddress (P.O. Rox Number is Not Acceptable)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-manued corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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he of regestional agent and this it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. [ LIBELETE **C**hange 0,1,300 TITLE 1.1 105.4 Addition PALMER, CHARLES B NAME 12 NAM 950 NORTH ORLANDO AVENUE #320 STREET ADDRESS 13.57 REFLADORESS WINTER PARK FL 32789 14 CHY-ST-ZIF CITY-ST-ZIP Addition [] DELETE TITLE 2.1 Tit: F [ | Change MEDIOS T Particle 2.2 NAM NAME GAL R. CALYEDE HAL, STAR SAC STREET ADDRESS 2.3 STREET ADDRESS WHITE PAK, PL 32 189 2 4 (11) - \$1 - 716 CITY-ST-ZIF [ | DELETE A) Addition TITLE 3.1 THEE THUMAS K. MAHCKEY NAME 450 NO CRIANN AUN, SUITE 320 STREET ADORESS SARP ,66 51289 CITY-ST-ZIP [ | DELETE 200002859492-TITLE 4.1 TillE8 4 2 NAME NAME -04/30/93--01145--014 4.3 STREET ADORESS STREET ADDRESS \*\*\*\*158,75 \*\*\*\*158.75 4.4 CiTy - ST- ZIH CITY ST. ZIP [ | DELETE [ ] Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREE ADDRESS 5.4 CHY-\$1-26 CITY-ST-ZIP [ ] DECETE 6 1 TITLE [ ] Change [ ] Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

Thereby 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 inflicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under outb, that I avoificer or director of the corporation or the receiver of trusted empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears Block 12 or Block 13 if manged or on an agricultural made essential or or produced. officer or director of the co Block 12 or Block 13 if the

SIGNATURE:

JEÉ NAME OF SIGNING OFFICER OF DIRECTOR

417-128-4544

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