

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S58272** (3)

1. Corporation Name

MEADOWS REAL ESTATE CORPORATION

Principal Place of Business

**5025 RINGWOOD MEADOW
SARASOTA FL 34235**

Mailing Address

**5025 RINGWOOD MEADOW
SARASOTA FL 34235**



2. Principal Place of Business

21 **5023 Ringwood Meadow**

Suite, Apt. #, etc.

2a. Mailing Address

26 **5023 Ringwood Meadow**

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**AVERY, JOHN E
5023 RINGWOOD MEADOW
SARASOTA FL 34235**

3. Date Incorporated or Qualified

06/10/1991

3a. Date of Last Report

05/01/1995

4. FFI Number

65-0264908

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 in application

(NOTE: Registered Agent signature required when not a director)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**DP
AVERY, JOHN E
5023 RINGWOOD MEADOW
SARASOTA FL**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**VS
COLLINS, MARCIA A.
3714 FLORES AVENUE
SARASOTA FL**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**V
SULLIVAN, JR. P
4858 GREYWOOD LANE
SARASOTA FL**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP ☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP ☒ Change ☐ Addition

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

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 22, 1996 941-371-3494

Date Daytime Phone #

CR2E034 (12/95)