

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S70146** (3)

1. Corporation Name

MEADOWS ASSOCIATES OF PINELLAS, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/01/1991** 3a. Date of Last Report **03/08/1994**

4. FEI Number **59-3076617** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAINTER, ROBERT E.
3023 BOLT DR.
PALM HARBOR FL 34685**

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 607.1509, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **HAIDINGER, WILLIAM B.**
STREET ADDRESS **3054 BOLT DR.**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **D**
NAME **PAINTER, ROBERT E.**
STREET ADDRESS **3023 BOLT DR.**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **DV**
NAME **- GORICK, ERNEST A. -**
STREET ADDRESS **- 3082 BOLT DR. -**
CITY-ST-ZIP **- PALM HARBOR FL -**

TITLE **ST**
NAME **OWENS, CHARLES M.**
STREET ADDRESS **1652 SUNNYBROOK LN.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D**
NAME **GRAHAM, CARL S.**
STREET ADDRESS **225 COUNTRY CLUB DR 352**
CITY-ST-ZIP **LARGO FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DV
Miner, Gerry D.
3411 W. Wild Dune Pl.
Lecanto, FL 34461

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 110.07(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

WILLIAM B. HAIDINGER

PRESIDENT

813-789-1082