FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S70146** **(3)**

1. Corporation Name

MEADOWS ASSOCIATES OF PINELLAS, INC.

Principal Place of Business

3023 BOLT DR.
PALM HARBOR FL 34685

Mailing Address

3023 BOLT DR.
PALM HARBOR FL 34685

3. Date Incorporated or Qualified: **08/01/1991**

3a. Date of Last Report: **03/23/1995**

4. FEI Number: **59-3076617** — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

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

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 607.1504, 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 (DIRECTOR) 02/23/96
Signature of a Director or Registered Agent — Date — Date Registered Agent Accepts Appointment

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HAIDINGER, WILLIAM B.	
STREET ADDRESS	3054 BOLT DR.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	☐ DELETE
NAME	PAINTER, ROBERT E.	
STREET ADDRESS	3023 BOLT DR.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	☐ DELETE
NAME	MINEAR, GERRY D.	
STREET ADDRESS	3411 W. WILD DUNE PL.	
CITY-ST-ZIP	LECANTO FL	
TITLE	ST	☐ DELETE
NAME	OWENS, CHARLES M.	
STREET ADDRESS	1652 SUNNYBROOK LN.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	☑ DELETE
NAME	~~GRAHAM, CARL S.~~	
STREET ADDRESS	~~225 COUNTRY CLUB DR 352~~	
CITY-ST-ZIP	~~LARGO FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	DV	☐ Change ☑ Addition
52 NAME	ERNEST A. GORICK	
53 STREET ADDRESS	3082 BOLT DRIVE	
54 CITY-ST-ZIP	PALM HARBOR, FL. 34685	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied within 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 is added in addition to an address.

SIGNATURE: WILLIAM B. HAIDINGER, PRES. William B. Haidinger 02/23/96 813 789-1082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (12/95)