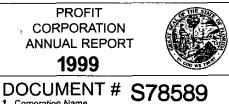
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90171 011 \*\*\*150.00

MERIDIAN ASSET MANAGEMENT, INC.		
Principal Place of Business	Mailing Address	1 198(18)2 111 1220) 1212/ 2110/ 1217
810 THOMASVILLE RD	810 THOMASVILLE RD	

ZND FLOOR TALLAHASSEE	FI 32303	TALLAHASSEE FL 32303			DO NOT WRITE IN THIS SPACE	
US	, 2 02000	US			3. Date Incorporated or Qualifed	
					09/06/1991	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0283260 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional	
22		27			Fee Required	
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip Country		,	8. This corporation owes the current year Intangible	
24	25	<del></del>	10		Personal Property Tax. Yes No	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent	
MCE	ACHIN, ROBIN		01			
	THOMASVILLE RD		82	82 Street Address (P.O. Box Number is Not Acceptable)		
	FLOOR		83	-		
	AHASSEE FL 32303		03			
			84		FL 85 Zip Code	
44 5	- I do Ann	and CO7 4500 Flatedo Statutas	the show	o named	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered	
office or re	to the provisions of Sections 607,6502 egistered agent, of both, in the State of	f Florida. Such change was aut	horized by	the corpo	oration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with and expenditive obligation	one of, Section 607.0505, Florid	da Statutes	<b>5</b> .		
SIGNATURE	1/10/01/01	//			equired when reinstating) DATE	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ik eigiratule it	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	☐ DELETE	1.1 TITLE		Change Addition	
NAME	MCEACHIN, ROBIN R		1.2 NAME			
STREET ADDRESS	810 THOMASVILLE RD, 2ND FLO	OOR	1.3 STREE	T ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303	• • • • • • • • • • • • • • • • • • • •	1.4 CITY-5	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	TADDRESS		
CITY-ST-ZIP			2.4 CITY-	ST-ZiP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	TADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change · ☐ Addition	
NAME			4. 2 NAME	l		
STREET ADDRESS			4.3 STREE	TADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TTTLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	TADORESS		
CITY-ST-ZIP			5.4 CITY-5	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		

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 supplied that injust execute 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 of the recover or today of the 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 apacity of the same legal effect as if made under oath; that I am an officer or director of the corporation of the recovery of the same legal effect as if made under oath; that I am an officer or director of the corporation of the corporation of the recovery of the same legal effect as if made under oath; that I am an officer or director of the corporation of the corporation of the corporation of the corporation of the recovery of the corporation of the corporati

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034

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