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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 10 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S96871** **(6)**

1. Corporation Name

MEADOWBROOK TERRACE OF TAMPA, INC.

Principal Place of Business	Mailing Address
SALEM CENTER ROUTE 1, YADKIN VALLEY ROAD ADVANCE NC 27006	SALEM CENTER ROUTE 1, YADKIN VALLEY ROAD ADVANCE NC 27006

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/27/1991

3a. Date of Last Report: 05/23/1994

2. Principal Place of Business	2a. Mailing Address
21 6000 Market Square	26 P.O. Box 1670
Suite, Apt. #, etc. 22 Suite # 27	Suite, Apt. #, etc. 27
City & State 23 Clemmons, NC	City & State 28 Clemmons, NC
Zip 24 27012 Country 25 U.S	Zip 29 27012 Country 30 U.S.

4. FEI Number: 59-1761196 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAPITAL CONNECTION, INC. 417 E VIRGINIA ST SUITE ONE TALLAHASSEE FL 32301	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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	ANGELL, DON G	1.2 NAME	Angell, Don G.
STREET ADDRESS	SALEM CENGER, RT. 1, YADKIN VALLEY ROAD	1.3 STREET ADDRESS	P.O. Box 1670 Clemmons, NC 27012
CITY-ST-ZIP	ADVANCE NC	1.4 CITY-ST-ZIP	
TITLE	CFO	2.1 TITLE	☒ Change ☐ Addition
NAME	SWAIN, W S	2.2 NAME	OMIT Swain, W.S.
STREET ADDRESS	SALEM CENGER, RT. 1, YADKIN VALLEY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ADVANCE NC	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S ☐ Change ☐ Addition
NAME	MICHELOTTI, VALERIE	3.2 NAME	Michelotti, Valerie
STREET ADDRESS	SALEM CENTER, RT. 1, YADKIN VALLEY ROAD	3.3 STREET ADDRESS	P.O. Box 1670 Clemmons, NC 27012
CITY-ST-ZIP	ADVANCE NC	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(i), 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 above, or on an attachment with an asterisk.

SIGNATURE: Don G. Angell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466171 FN