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Feb 21, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 232718

MEACHAM & CO INC

| MERCID | u 00 1140 | | | | | | | | |
|---|--|---------------------------------------|--------------------------|---------------------------------------|-------------------------------|--|-----------------------------|-------------------------|----------------------|
| Principal Place of Business Mailing Address | | | | | | 1 150150 11060 11110 1 | 1011 30 001 (1001 1011 0101 | 1). Alası Albu Alber Al | /SI) 01011 1001 |
| 1419 W WATER | S AVENUE | 1419 W WATERS AVENUE | 419 W WATERS AVENUE | | | | | | |
| SUITE 106 SUITE 106 | | | | | | | | | |
| TAMPA FL 3360 | 34 | TAMPA FL 33604 | | | | DO NOT WRITE IN THIS SPACE | | | |
| us us | | | | | | 3. Date Incorporated or Qualified 11/15/1961 | | | |
| 2. Principal Pl | Principal Place of Business 2a, Mailing Address | | | | | 4. FEI Number | - | Apr | olied For |
| 21 | 26 | | | | | 59-0942867 | | Not | t Applicable |
| Suite, Apt. | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certifcate of Status D | \$8.75 A | - 1 | |
| 27 | | | | | | 5. Octaiodic of cidago c | Desired | Fee Red | quired |
| City & State | City & State City & State | | | | | 6. Election Campaign F | inancing | \$5.00 | Мау Ве |
| 23 | 28 | | | | Trust Fund Contribut | ion | Added to | Fees | |
| Zip | Country Zip | | | ıtry | | 8. This corporation owes the current year Intangible | | | |
| 24 | 25 29 30 | | | | Personal Property Tax. Yes No | | | | |
| | g. Name and Address of Curre | nt Registered Agent | | | | 10. Name and Address | of New Registere | d Agent | |
| MEACHAM, THOMAS J. | | | | 81 | Name | | | | |
| 5140 CRICKET LANE | | | ſ | 82 Street Address (P.O. Box Number is | | | ot Acceptable) | | |
| WESLEY CHAPEL FL 33543 | | | | 83 | 1 | | | | |
| | | | ` | 84 | City | | F | 85 Zip C | ode |
| Pursuant to the provisions of Postions 207 0500 and 607 4500 Elevida Clab day | | | | | -named com | oration cultmits this stateme | | | registered |
| 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 age | ant and title if applicable. (NOTE: F | Registered A | Agent | signature requires | d when reinstating) | DATE | | |
| 12. | OFFICERS AND DIRECTORS | | | - | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | VR _ | ☑ DELETE | 13. | | - T | VP | | (X) Change | Addition |
| NAME | MEACHAM, THOMAS J | | 1.2 NAME | | | TIM MEACHAM | | | |
| STREET ADDRESS | 5140 CRICKET LANE | | 1.3 \$78 | REET, | ADDRESS | 2020 Forest D | r. | | |
| CITY-ST-ZIP | WESLEY CHAPEL FL | | 1.4 CITY-5 | | _ | Clearwater, F | | | |
| TITLE | ST | ☐ DELETE | 2,1 TITLE | | | 04001110011 | <u> </u> | ☐ Change | Addition |
| NAME | MEACHAM, JEANNE H. | | 2.2 NAME | | ł | | | | _ } |
| 1 | 5140 CRICKET LN | | | | ADDRESS | | | | |
| STREET ADDRESS | WESLEY CHAPEL FL | | 2.3 STREET 2.4 CITY-S | | 1 | _ | | _ |] |
| CITY-ST-ZIP | p | DELETE | 3.1 TITL | | -ZIP | | | ☐ Change | Addition |
| TITLE | MEACHAM, THOMAS J. | الم المراد الم | 3.7 HILE 3.2 NAME | | | | | | |
| NAME | 5140 CRICKET LANE | | 3.2 NAME | | ABBETOS | | | | - (|
| STREET ADDRESS | WESLEY CHAPEL FL | | | | | | | | |
| CITY-ST-ZIP | WESLET CHAPEL FL | DELETE | 3.4 CITY-5 | | ZIP | | | ☐ Change | ———— i ☐ Addition |
| TITLE | | O DELETE | | | | | | ☐ Criaings | ☐ ∧ddition |
| NAME | | | 4, 2 NAME | | | | | | ł |
| STREET ADDRESS | | | 1 | | ADDRESS | | | | - |
| CITY-ST-ZIP | | P1 p5: 5 | 4.4 CITY- 5 | | -ZiP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITL | | | | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAM | | | | | • | { |
| STREET ADDRESS | | | | | ADDRESS | | * | | |
| CITY-ST-ZIP | | | 5.4 CIT | | -ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITL | | | | | Change | Addition |
| NAME | | | 6.2 NAM | ΛE, | . 1 | | | | |

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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

T.J.J. Meacham, Pres.

1-12-99

(813) 932-0980