

DOCUMENT # 232718

1. Entity Name

MEACHAM & CO INC

Principal Place of Business

1419 W WATERS AVENUE
SUITE 106
TAMPA FL 33604
US

Mailing Address

1419 W WATERS AVENUE
SUITE 106
TAMPA FL 33604
US

2. Principal Place of Business

468 E. Douglas Rd.

3. Mailing Address

P.O. Box 880

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oldsmar, FL 34677

City & State

Oldsmar, FL 34677-0880

Zip

Country

Zip

Country

4. FEI Number

59-0942867

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MEACHAM, THOMAS J.

~~3110 CRICKET LANE
WESLEY CHAPEL FL 33543~~4343 Lakeshore Dr.
Palm Harbor, FL 34685

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

T. J. Meacham, Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	MEACHAM, TIM	
STREET ADDRESS	2020 FOREST DR.	
CITY-ST-ZIP	CLEARWATER FL 33763	

TITLE	ST	<input type="checkbox"/> Delete
NAME	MEACHAM, JEANNE H.	
STREET ADDRESS	3110 CRICKET LANE 4343 Lakeshore Dr.	
CITY-ST-ZIP	WESLEY CHAPEL FL Palm Harbor, FL	

TITLE	P	<input type="checkbox"/> Delete
NAME	MEACHAM, THOMAS J.	
STREET ADDRESS	3110 CRICKET LANE 4343 Lakeshore Dr.	
CITY-ST-ZIP	WESLEY CHAPEL FL Palm Harbor, FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90072 004 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)