ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

DOCUMENT # 630663 (3)

1. Corporation Name
JIM MEEKS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
623 N 4TH ST VALRICO FL 33594 US	PO BOX 888 VALRICO FL 33594 US

DIVISION OF CORPORATIONS
95 APR -6 AM 10:10

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/17/1979
3a. Date of Last Report: 03/15/1994

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

4. FEI Number: 59-2048294 ☐ 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

~~MEEKS, JAMES L.~~
~~1000 E. EDGEWOOD DR.~~
~~UNIT K6~~
~~LAKELAND FL 33803~~
623 N 4th St
Valrico, FL
33594

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	MEEKS, JAMES L	1.2 NAME		
STREET ADDRESS	623 N 4TH ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	VALVICO FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	~~ROSS~~, SANDRA	2.2 NAME	Sanz, Sandra	
STREET ADDRESS	18540 BOYETTE ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	LITHIA FL	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	MEEKS, LUCILE	3.2 NAME		
STREET ADDRESS	623 N. 4TH ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL	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 if changed, or on an attachment with an address.

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

0443033 FP