

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90038 014 ***150.00

DOCUMENT # P01000045303

1. Entity Name

MEHARCO, INC.

Principal Place of Business

2868 WHISPER BAY BLVD.
 GULF BREEZE FL 32561

Mailing Address

6600 NORTH DAVIS HIGHWAY
 PENSACOLA FL 32504

2. Principal Place of Business

6600 N. Davis Hwy
 Pensacola

3. Mailing Address

6600 N. Davis Hwy
 Pensacola

City & State

FL.

City & State

FL.

Zip

32504

Country

Zip

32504

Country

4. FEI Number

59-371-5789

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HUSTON, GARY W

125 W. ROMANA ST., STE. 800

PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Steve Mehaffey

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

2868 Whisper Bay Blvd

City

Gulf Breeze

FL

Zip Code

32563

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE President
 NAME Charles S. Mehaffey
 STREET ADDRESS 2868 Whisper Bay Blvd
 CITY-ST-ZIP Gulf Breeze, FL 32563

TITLE Vice-president
 NAME Stephen W. Harris
 STREET ADDRESS 4692 Ridge Pointe Dr.
 CITY-ST-ZIP Pace, FL 32571

TITLE Secretary
 NAME Susie P. Mehaffey
 STREET ADDRESS 2868 Whisper Bay Blvd
 CITY-ST-ZIP Gulf Breeze, FL 32563

TITLE Treasurer
 NAME Amanda L. Harris
 STREET ADDRESS 4692 Ridge Pointe Dr.
 CITY-ST-ZIP Pace, FL 32571

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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

Amanda L. Harris

1/4/02

(850) 474-6363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)