FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700056480

1. Corporation Name

R & M MEACHAM, INC.

				1	
rincipal Place	of Business	Mailing Address			
38 N. LARKWOOD SO. 1438 N. LARKWOOD SO. FT. MYERS FL 33919				·	. TUIO 00405
MYERS FL 33919 FT. MYER		FI, MIERS PL 33919		DO NOT WRITE I	N THIS SPACE
				3. Date Incorporated or Qualifed	· · · · · · · · · · · · · · · · · · ·
				06/25/1997	
		2a. Mailing Address		4. FEI Number	Applied For
Principal Place of Business 2a. Mailing Addi		├ ──		65-0772929	Not Applicable
<u> </u>		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #	#, etc.	<u>├</u>		5. Certificate of Status Bosinos	ree Required
		City & State		6. Election Campaign Financing	35.00 May Be
City & State		 		!Trust Fund Contribution	Added to Fees
		Zip	Country	8. This corporation owes the current	year Intangible
Zip	Country	- H ·	1	Personal Property Tax.	∐Yes No
	25			10. Name and Address of New Reg	istered Agent
	9. Name and Address of Curren	r vadianien vaan	81 Name		
4154		New Control		II O Pay Number is Not Acceptable	<u></u>
MEACHAM, MARIETTA C 5 % 1438 N. LARKWOOD SQ.			82 Street Address (P.O. Box Number is Not Acceptable)		
FT. MYERS FL 33919			83		的都是那個問題問題關
FI. I	WIEKS LF 33a1a			· 一直 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			84 City	1	FL 85 Zip Code
				orporation submits this statement for the puration's board of directors. I hereby accept t	of changing its registered
11. Pursuant	to the provisions of Sections 607.050)2 and 607,1508, Florida Statutes,	orized by the corpol	ration's board of directors. I hereby accept t	ne appointment as registered
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was auto- ations of, Section 607.0505, Florida	a Statutes.	orporation submits this statement for the puration's board of directors. I hereby accept t	
agent. I a	am lamiliai willi, and accept the oblige			·	DATE
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re		quired when reinstating) - (\(\frac{1}{2}\)/ ADDITIONS/CHANGES TO OFFICE	
12.	OFFICERS AI	ND DIRECTORS	13.		Change Addition
TITLE	PTD	☐ DELETE	1.1 TITLE	F 975 2005	_ , _
	MEACHAM, MARIETTA C		1.2 NAME		
NAME	AAAA NI LADIONOOD CO		1.3 STREET ADDRESS		
STREET ADDRESS	FT. MYERS FL 33919		1.4 CITY-ST-ZIP		Change Addition
CITY+ST-ZIP	VSD	DELETE	2.1 TITLE	1 .	Change C Addition
TITLE			2.2 NAME		
NAME	MEACHAM, RICHARD		2.3 STREET ADDRESS	1	
STREET ADDRESS	s 1438 N. LARKWOOD SQ.		2.4 CITY-ST-ZIP		
CITY-ST-ZIP	FT. MYERS FL 33919	DELETE	3.1 TITLE		☐ Change ☐ Addition
TITLE 4845	ACHIA RECUENT	C Dece 15			
NAME			2.2 NAME		
STREET ADDRES	511 (29) (18) #5335000000000000		3.2 NAME	ال الله الله الله الله الله الله الله ا	· 山林() 在新聞 () 10 / 李 在17 () 在18 图 (2) (2) (20 (18 图)
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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.

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90105 030 ***150.00