PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000076381

1. Corporation Name

J & H MEEKS ENTERPRISES, INCORPORATED

Principal	Place	of	Business

Mailing Address

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90093 001 ***150.00



2518 N. MAGNOLIS AVE. OCALA FL 34475		2518 N. MAGNOUS AVE. OCALA FL 34475		DO NOT WRITE IN T	HIS SPACE			
					3. Date Incorporated or Qualifed 09/04/1997	110 01 702		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For	
21		26			59-3471901	Not	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E Continue of Status Desired	\$8.75 A	dditional	
22		- 27			5, Certificate of Status Desired	Fee Rec	quired	
City & State	e	City & State		•	6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Countr	y	8. This corporation owes the current year		_ \	
24	25	25 29 30			Personal Property Tax.			
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registe	red Agent		
	D. C		8	Name				
HEADLEE, JUDY A		8:	82 Street Address (P.O. Box Number is Not Acceptable)					
5500 S.E. 42ND CT. OCALA FL 34480		8	1					
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			8	1 "		┡┖╸┆╶		
office or re agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was au	ithorized b	v the corporat	poration submits this statement for the purpos tion's board of directors. I hereby accept the a	ppointment as reg	registered pistered	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Ag	ent signature requir	red when reinstating) DATE		/ 	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	P	☐ ĐELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	MEEKS, HEIDI		1.2 NAME					
STREET ADDRESS	4061 N.E. 28TH ST.		1.3 STRE	ET ADDRESS			-	
CITY-ST-ZIP	OCALA FL 34479		1.4 CITY-	ST-ZIP				
TITLE	VP	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	MEEKS, JAMES		2.2 NAME					
STREET ADDRESS	4061 N.E. 28TH STREET		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	OCALA FL 34479		2. 4 CITY	ST-ZIP				
TITLE		DELETE	3 1 TITLE			Change	Addition	
NAME.			3.2 NAME				~ ~ ~	
STREET ADDRESS			33STRE	ET ADDRESS			i	
CITY-ST-ZIP	_		3.4. CITY	ST-ZIP				
TITLE		☐ DELETE	4,1 TITLE			Change	☐ Addition	
NAME			4, 2 NAMI	.				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition Ì	
NAME			5.2 NAME					
STREET ADDRESS			5,3 STRE	ET ADDRESS			ļ	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
MANAG			6.2 NAME	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 ap affectment with an address, with all other tike empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS