2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/21

FILED
Jul 29, 2004 8:00 am
Secretary of State
07-21-2004 90027 044 ***150.00

DOCUMENT # P99000099359

1. Entity Name
MECO OF NORTH FLORIDA, INCORPORATED

66430847

Principal Place of Business	Mailing Address
3626 PHOENIX AVE JACKSONVILLE, FL 32206-2357	3626 PHOENIX AVE JACKSONVILLE, FL 32206-2357

07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0968694
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCUDDER, MARK
STREET ADDRESS	PO BOX 48327
CITY-ST-ZIP	ATLANTA, GA 32362
TITLE	VP
NAME	SCUDDER, MICHAEL R
STREET ADDRESS	4471 AMWILER RD
CITY-ST-ZIP	DORAVILLE, GA 32360
TITLE	VP
NAME	SCUDDER, PAMELA
STREET ADDRESS	4471 AMWILER RD
CITY-ST-ZIP	DORAVILLE, GA 32360
TITLE	VP
NAME	MEADORS, MICHAEL
STREET ADDRESS	3626 PHOENIX AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	ST
NAME	SCOTT, LAMAR W
STREET ADDRESS	3626 PHOENIX AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lamar W Scott LAMAR W SCOTT 7/27/04 904 354-6789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #