

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000099359

1. Entity Name  
MECO OF NORTH FLORIDA, INCORPORATED



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

Mailing Address  
3626 PHOENIX AVE  
JACKSONVILLE, FL 32206-2357



04022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0968694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCOTT, LAMAR W  
3626 PHOENIX AVE  
JACKSONVILLE, FL 32206

**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 Lamar W Scott Lamar W Scott 4-8-08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U000000891433  
04/23/08-R0025-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCUDDER, MARK PO BOX 48327 ATLANTA, GA 32362
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCUDDER, MICHAEL R 4471 AMWILER RD DORAVILLE, GA 32360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCUDDER, PAMELA 4471 AMWILER RD DORAVILLE, GA 32360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEADORS, MICHAEL 3626 PHOENIX AVE JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCOTT, LAMAR W 3626 PHOENIX AVE 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 exemptions contained in Chapter 119, 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 4-8-08 904-354-6789  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #