

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000051644

**Entity Name:** MEAD SOLUTIONS INC.

**Current Principal Place of Business:**

3518 WALDEN RESERVE DR  
PLANT CITY, FL 33566

**Current Mailing Address:**

3518 WALDEN RESERVE DR  
PLANT CITY, FL 33566 US

**FEI Number:** 46-2994996

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MEAD, BRANDON J  
3518 WALDEN RESERVE DR  
PLANT CITY, FL 33566 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	MEAD, BRANDON J	Name	MEAD, ERIN
Address	3518 WALDEN RESERVE DR	Address	3518 WALDEN RESERVE DR
City-State-Zip:	PLANT CITY FL 33566	City-State-Zip:	PLANT CITY FL 33566

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRANDON MEAD

**PRESIDENT**

**02/20/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date