2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 08:00 AM
Secretary of State

DOCUMENT # 209994

1. Entity Name
MYERS GROVES INC

Principal Place of Business	Mailing Address
225 E STUART AVE	PO BOX 1410
LAKE WALES FL	LAKE WALES FL
33853	338591079

2. Principal Place of Business	3. Mailing Address
202 E STUART AVE	PO BOX 1410
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WALES FL	City & State: LAKE WALES FL
Zip: 33853 / Country:	Zip: 338591410 / Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-0845635 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MYERS,C B
130 E CENTRAL AVE
LAKE WALES FL
33853 US

7. Name and Address of New Registered Agent

Name: MYERS C BIII
Street Address (P.O. Box Number is Not Acceptable): 202 E STUART AVE
City: LAKE WALES FL Zip Code: 33853

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.

SIGNATURE C. B. MYERS, III 04/24/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	VP	☐ Delete
NAME	KENDRICK MARSHA M	
STREET ADDRESS	122 E TILLMAN AVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	PST	☐ Delete
NAME	MYERS, C B III	
STREET ADDRESS	130 E. CENTRAL AVE.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	☒ Change ☐ Addition
NAME	KENDRICK MARSHA M	
STREET ADDRESS	202 E STUART AVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	PST	☒ Change ☐ Addition
NAME	MYERS C BIII	
STREET ADDRESS	202 E STUART AVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. B. MYERS, III PST 04/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #