

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Barthel Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **M86674** (2)
1. Corporation Name
MYERS INTERNATIONAL MIDWAYS, INC.

Principal Place of Business
**7029 NUNDY AVENUE
GIBSONTON FL 33534**

Mailing Address
~~**7029 NUNDY AVENUE
GIBSONTON FL 33534**~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/20/1988	
21	Suite, Apt. #, etc.	26	P.O. Box 4445-1929	4. FEI Number 59-2911429	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Gibsonton, FL 33534	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JONES, STEPHEN W % WALKER & ASSOC. CPA, P.A. 211 S. DALE MABRY HIGHWAY TAMPA-FL 33609		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

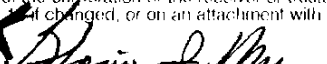
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	☐ Change ☐ Addition
NAME	MYERS, GLORIA I	1.2 NAME	
STREET ADDRESS	7029 NUNDY AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GIBSONTON FL 33534	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☒ Change ☐ Addition
NAME	MYERS, WILLIAM R	2.2 NAME	7029 Nundy Ave.
STREET ADDRESS	101 OLD PINOON RD.	2.3 STREET ADDRESS	Gibsonton, FL 33534
CITY-ST-ZIP	JACKSON TN	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	☒ Change ☐ Addition
NAME	STARKEY, DAVID E	3.2 NAME	7029 Nundy Ave.
STREET ADDRESS	RT 9 BOX 485	3.3 STREET ADDRESS	Gibsonton, FL 33534
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	☒ Change ☐ Addition
NAME	STARKEY, RICHARD H	4.2 NAME	7029 Nundy Ave.
STREET ADDRESS	RT 9 BOX 485	4.3 STREET ADDRESS	Gibsonton, FL 33534
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	100002558781
STREET ADDRESS		6.3 STREET ADDRESS	-06/12/98--01087--039
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

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 an attachment with an address.

SIGNATURE  **Gloria I. Myers, Treas. 3/23/98 813-677-2787**

CR2E034 (10/97)