SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **548690** **(7)**

1. Corporation Name
MYON, INCORPORATED

Principal Place of Business	Mailing Address
RT. #1. BOX 364 BELL FL 32619	RT. #1. BOX 364 BELL FL 32619

3. Date Incorporated or Qualified: **10/07/1977**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 215 N.W. 8 ST
22: Suite, Apt. #, etc.
23: City & State: HIGH SPRINGS FL
24: Zip: 32643
25: Country: ALACHUA

2a. Mailing Address
26: P O BOX 1772
27: Suite, Apt. #, etc.
28: City & State: TRENTON FL
29: Zip: 32693
30: Country: GILCHRIST

4. FEI Number: **59-1673276** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GREEN, GERALDINE C
RT. #1, BOX 364
BELL FL 32619

10. Name and Address of New Registered Agent

81 Name: ALAN GREEN
82 Street Address (P.O. Box Number is Not Acceptable): 215 N.W. 8TH STREET
83:
84 City: HIGH SPRINGS **FL** 85 Zip Code: 32643

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] 08/05/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	11 TITLE	0	☐ Change ☒ Addition
NAME	GREEN, GERALDINE C.		12 NAME	GREEN, ALAN J.	
STREET ADDRESS	RT. #1, BOX 364		13 STREET ADDRESS	215 N. W. 8 ST	
CITY-ST-ZIP	BELL FL		14 CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	D	☒ DELETE	21 TITLE	0	☐ Change ☒ Addition
NAME	BROWN, MELISSA L		22 NAME	GREEN, CHARLES M.	
STREET ADDRESS	RT. #1, BOX 364		23 STREET ADDRESS	215 N.W. 8 ST	
CITY-ST-ZIP	BELL FL		24 CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	ST	☒ DELETE	31 TITLE	ST	☐ Change ☒ Addition
NAME	GREEN, C.F.		32 NAME	GREEN, CARLAN F.	
STREET ADDRESS	RT. #1, BOX 364		33 STREET ADDRESS	215 N.W. 8 ST	
CITY-ST-ZIP	BELL FL		34 CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 08/05/96 904-454-2654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #