

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 575188 (8)

1. Corporation Name

PETERSON, MYERS, CRAIG, CREWS, BRANDON & PUTERBAUGH, P.A.



Principal Place of Business

130 E CENTRAL AVE  
LAKE WALES FL 33853-4166  
US

Mailing Address

130 E CENTRAL AVE  
LAKE WALES FL 33853-4166  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/08/1978

3a. Date of Last Report

04/24/1995

4. FEI Number

59-1832339

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

10. Name and Address of New Registered Agent

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
MYERS, C. B.  
STREET ADDRESS  
130 E. CENTRAL AVE.  
CITY, ST, ZIP  
LAKE WALES FL

TITLE ☐ DELETE

NAME  
CRAIG, JR., ROY A.  
STREET ADDRESS  
130 E. CENTRAL AVE.  
CITY, ST, ZIP  
LAKE WALES FL

TITLE ☐ DELETE

NAME  
BRANDON, JACK P.  
STREET ADDRESS  
LAKE REGION PLAZA #300  
CITY, ST, ZIP  
WINTER HAVEN FL

TITLE ☐ DELETE

NAME  
PUTERBAUGH, ROBERT E.  
STREET ADDRESS  
100 E. MAIN ST.  
CITY, ST, ZIP  
LAKELAND FL

TITLE ☐ DELETE

NAME  
CORNELIUS B. MYERS, III  
STREET ADDRESS  
1277 BRIGGS RD.  
CITY, ST, ZIP  
BABSON PARK FL

TITLE ☐ DELETE

NAME  
DENNIS P. JOHNSON  
STREET ADDRESS  
1226 BRIGHTON WAY  
CITY, ST, ZIP  
LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 in this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96

Date

941-676-7611

Daytime Phone #

CR2E034 (12/95)