

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

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 575188 (8)

1. Corporation Name:
PETERSON & MYERS, 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



3. Date Incorporated or Qualified
06/08/1978

3a. Date of Last Report
01/30/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

4. FEI Number
59-1832339

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

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

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

9. Name and Address of Current Registered Agent
MYERS, C B
130 EAST CENTRAL AVENUE
LAKE WALES FL

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 filed if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MYERS, CORNEAL B JR	
STREET ADDRESS	550 W. LAKE OTIS DR. S.E.	
CITY - ST - ZIP	WINTER HAVEN FL 33880	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRANDON, JACK P	
STREET ADDRESS	1147 N. LAKESHORE BLVD.	
CITY - ST - ZIP	LAKE WALES FL 33853	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PUTNAM, THOMAS B JR.	
STREET ADDRESS	125 LAKE OTIS RD	
CITY - ST - ZIP	WINTER HAVEN FL 33884	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PUTERBAUGH, ROBERT E	
STREET ADDRESS	6505 SUNSET RIDGE	
CITY - ST - ZIP	LAKELAND FL 33803	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CONNOR, DAVIS J	
STREET ADDRESS	116 S. LAKESHORE BLVD.	
CITY - ST - ZIP	LAKE WALES FL 33853	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KNOWLTON, KEVIN C	
STREET ADDRESS	839 HEATHERCREST	
CITY - ST - ZIP	LAKELAND FL 33813	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Jack P. Brandon V/Pres-Dir 1/07/97 941-676-7611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)