

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 576731

**FILED**  
**Oct 07, 2013**  
**Secretary of State**

**Entity Name:** MYERS, MYERS & ASSOCIATES INC.

**Current Principal Place of Business:**

4348 SOUTHPOINT BLVD.  
SUITE 201  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

812 QUEENS HARBOUR BLVD  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

4348 SOUTHPOINT BLVD.  
SUITE 201  
JACKSONVILLE, FL 32216 US

**FEI Number:** 59-1828577

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATSON, TODD  
7785 BAYMEADOWS WAY  
SUITE 107  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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:** TODD WATSON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MYERS, WILLIAM P  
**Address:** 812 QUEENS HARBOUR BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** VP  
**Name:** MYERS, JUDY  
**Address:** 812 QUEENS HARBOUR BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32225

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** WILLIAM P MYERS

PRES

10/07/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date