

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 27 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F61148** (5)

1. Corporation Name
R. G. MEYERS LEASING, INC.

Principal Place of Business Mailing Address
**505 KINZIE ISLAND COURT
SANIBEL ISLAND FL 33957
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/06/1982** 3a. Date of Last Report **03/15/1994**
4. FEI Number **59-2153714** 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 § 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2b. Mailing Address
21 **12155 METRO PKWY, SUITE #5** 26 **12155 METRO PKWY #5**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **#5** 27 **#5**
City & State City & State
23 **FT. MYERS, FL** 28 **FT. MYERS, FL**
Zip Country Zip Country
24 **33912** 25 **USA** 29 **33912** 30 **USA**

9. Name and Address of Current Registered Agent
**MEYERS RONALD G.
505 KINZIE ISL. CT.
SANIBEL ISLAND FL 33957**

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 title of signature) (Print Name of Registered Agent - Signature Required when Recalling)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MEYERS, R. G.
STREET ADDRESS	12155 METRO PARKWAY, #500
CITY, ST, ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MEYERS, R.G.
1.3 STREET ADDRESS	12155 METRO PARKWAY, SUITE #5
1.4 CITY, ST, ZIP	FORT MYERS, FL 33912
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 is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4)(b), 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. 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: *Ronald G. Meyers Pres*
RONALD G. MEYERS
SIGNATURE AND TITLE (Typed or Printed Name of Current Officer or Director)

2/7/95 813-768-1100