

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 # **G59154** (6)

1. Corporation Name

DAN MEYERS, INC.



Principal Place of Business

% DANIEL T. MEYERS
5909 W. BOB HEAD RD.
PLANT CITY FL 33565
US

Mailing Address

% DANIEL T. MEYERS
5909 W. BOB HEAD RD.
PLANT CITY FL 33565

3. Date Incorporated or Qualified

09/12/1983

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2503893

Applied For

Not Applicable

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

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

MEYERS, DANIEL T.
5909 W BOB HEAD RD.
PLANT CITY FL 33566

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 the filer, if applicable

(NOTE: Registered Agent Signature required when incorporating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MEYERS, DANIEL T.
5909 W BOB HEAD RD.
PLANT CITY FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
MEYERS, JANE E.
5909 W BOB HEAD RD.
PLANT CITY FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
☐ Change ☐ Addition

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY-ST-ZIP
☐ Change ☐ Addition

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY-ST-ZIP
☐ Change ☐ Addition

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP
☐ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
☐ Change ☐ Addition

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-ST-ZIP
☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

Jane Meyers, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-96

813-986-5587

CR2E034 (12/95)