FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # H35487 (8)

1. Corporation Name
D.A. MEYERS CO.

FILED
95 FEB -7 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% DENNIS A. MEYERS 3120 NE 9TH STREET OCALA FL 32670	% DENNIS A. MEYERS 3120 NE 9TH STREET OCALA FL 32670

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/27/1984
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business	2a. Mailing Address
21: 7595 NW Co Hwy 25A	25: P.O. Box 157
22: Suite, Apt. #, etc.	27: Suite, Apt. #, etc.
23: City & State: OCALA, FLORIDA	28: City & State: ANTHONY FLORIDA
24: Zip: 32617	29: Zip: 32617
25: Country: MARION	30: Country: MARION

4. FEI Number: NOT APPLICABLE — ☐ 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

9. Name and Address of Current Registered Agent

MEYERS, DENNIS A.
3120 NE 9TH STREET
OCALA FL 32670

10. Name and Address of New Registered Agent

81 Name: MEYERS DENNIS A.
82 Street Address (P.O. Box Number is Not Acceptable): 7595 NW Co Hwy 25A
83:
84 City: OCALA FL 85 Zip Code: 34482

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	MEYERS, DENNIS A.	1.2 NAME	MEYERS, DENNIS A.
STREET ADDRESS	3120 NE 9TH STREET	1.3 STREET ADDRESS	7595 NW Co Hwy 25A
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA, FLORIDA 34482
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 above, or on an attachment with all other like empowered.

SIGNATURE: Dennis A. Meyers — 2-3-95 — 904-732-9711
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0350944 CP