

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H35487 (8)

1. Corporation Name
D.A. MEYERS CO.



Principal Place of Business

Mailing Address

7595 NW CO HWY 25A
OCALA FL 32617
US

PO BOX 157
ANTHONY FL 32617
US

3. Date Incorporated or Qualified
12/27/1984

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 6480 N HWY 27

26 P.O. Box 157

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

OCALA FL

ANTHONY FL

24 Zip

Country

29 Zip

Country

34470

25 MARION

32617

30 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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

MEYERS, DENNIS A.
7595 NW CO HWY 25A
OCALA FL 34482

81 Name
MEYERS, DENNIS A.

82 Street Address (P.O. Box Number is Not Acceptable)
6480 N HWY 27

83

84 City
OCALA

85 Zip Code
FL 34470

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:

Dennis A. Meyers

6-19-96

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when filing this form)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
D
MEYERS, DENNIS A.
STREET ADDRESS
7595 NW CO HWY 25A
CITY - ST - ZIP
OCALA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

D
MEYERS, DENNIS A.
6480 N HWY 27
OCALA, FL 34470

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dennis A. Meyers

DENNIS A. MEYERS 6-19-96

352-732-8991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #