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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H87015

1. Corporation Name
MYRICK & DAVIS, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: % JOHN L. MYRICK, 625 N NINTH AVE, PENSACOLA FL 32501
Mailing Address: % JOHN L. MYRICK, 625 N NINTH AVE, PENSACOLA FL 32501

3. Date Incorporated or Qualified: 12/01/1985

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-questions for Suite, City, State, Zip, and Country.

4. FEI Number: 59-2612029
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes (checked)

9. Name and Address of Current Registered Agent: MYRICK, JOHN L., 625 N NINTH AVE, PENSACOLA FL 32501

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

Table with 2 columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include titles like DP, VP and names like MYRICK, JOHN L. and DAVIS, R. BROOKS.

Table with 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows for 1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4.

14. I hereby certify that the information supplied with this filing 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.

SIGNATURE: _____ 2/16/99 (850) 433-0084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)