

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Feb 06 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # J23192 (4)**  
1. Corporation Name  
**J. W. MEYER, INC.**



Principal Place of Business: **9850 16TH STREET NORTH ST. PETERSBURG FL 33716**  
Mailing Address: **9850 16TH STREET NORTH ST. PETERSBURG FL 33716-4216**

3. Date Incorporated or Qualified: **07/09/1986** 3a. Date of Last Report: **03/01/1996**  
4. FEI Number: **38-2712335** 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

2. Principal Place of Business: 21, Suite, Apt. #: etc. 22, City & State: 23, Zip: 24, Country: 25  
2a. Mailing Address: 26, Suite, Apt. #: etc. 27, City & State: 28, Zip: 29, Country: 30

9. Name and Address of Current Registered Agent  
**MEYER, JACK W.  
9850 - 16TH ST., NORTH  
ST. PETERSBURG FL 33716**

10. Name and Address of New Registered Agent  
81 Name: **James A. Byrne, Esquire**  
82 Street Address (P.O. Box Number is Not Acceptable): **540 - 4th Street North**  
83  
84 City: **St. Petersburg FL** 85 Zip Code: **33701**

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: *James A. Byrne* DATE: **1/31/97**  
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PT</b>	<input checked="" type="checkbox"/>
NAME	<b>MEYER, JACK W.</b>	
STREET ADDRESS	<b>3737 EMBASSY CIR</b>	
CITY - ST - ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/>
NAME	<b>MEYER, JOANNA L</b>	
STREET ADDRESS	<b>3737 EMBASSY CIR -</b>	
CITY - ST - ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/>
NAME	<b>HAFENBRACK-COLLIER, LORRAINE</b>	
STREET ADDRESS	<b>510 CHANNEL COURT</b>	
CITY - ST - ZIP	<b>PALM HARBOR FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>PTS</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>Meyer, Jack W.</b>		
1.3 STREET ADDRESS	<b>9850 - 16th St. No.</b>		
1.4 CITY - ST - ZIP	<b>St. Petersburg, FL 33716-4216</b>	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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; 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: *J. W. Meyer/President* DATE: **1/19/97** 813-5712300  
Signature and typed or printed name of signing officer or director (Daytime Phone #)

CR2E034 (9/96)