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 # **K74972** **(6)**

1. Corporation Name

MYERS CONSTRUCTION GEN. CONTRACTORS, INC.

Principal Place of Business	Mailing Address
C/O LESTER MYERS 1859 S. DIXIE HWY. POMPANO BEACH FL 33060-8946	C/O LESTER MYERS 1859 S. DIXIE HWY. POMPANO BEACH FL 33060-8946

3. Date Incorporated or Qualified: 03/23/1989
3a. Date of Last Report: 06/12/1995

2. Principal Place of Business	2a. Mailing Address
21 1859 S. DIXIE HWY.	26 1859 S. DIXIE HWY.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 POMPANO BEACH, FL.	City & State 28 POMPANO BEACH, FL.
Zip 24 33060-8946 Country 25	Zip 29 33060-8946 Country 30

4. FEI Number: 65-0152904 ☐ 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

MYERS, LESTER
1859 S. DIXIE HWY.
POMPANO BEACH FL

10. Name and Address of New Registered Agent

81 Name: MYERS, JERRY
82 Street Address (P.O. Box Number is Not Acceptable): 1859 S. Dixie Hwy.
83
84 City: Pompano Beach **FL** 85 Zip Code: 33060

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: X Jerry Myers Pres. 7/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MYERS, LESTER		12 NAME		
STREET ADDRESS	1859 S. DIXIW HWY.		13 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		14 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	21 TITLE	PRESIDENT/SECRETARY-TREAS.	☒ Change ☐ Addition
NAME	MYERS, JERRY		22 NAME		
STREET ADDRESS	1859 S. DIXIE HWY		23 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		24 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MYERS, BETTY		32 NAME		
STREET ADDRESS	1859 S. DIXIE HWY		33 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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: X Jerry Myers Pres. 7/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #