

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

CORPORATIONS

1996 2D-96

B. 8993

C

DOCUMENT # M12541

(2)

1. Corporation Name

DON MYERS & ASSOCIATES INC.

Principal Place of Business

100 OCEAN LANE DRIVE
KEY BISCAYNE FL 33149

Mailing Address

100 OCEAN LANE DRIVE
KEY BISCAYNE FL 33149



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/12/1985

3a. Date of Last Report

01/18/1995

4. FEI Number

59-2510109

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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. 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

Signature (typed or printed name of registered agent or officer, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MYERS, DON
100 OCEAN LANE DRIVE
KEY BISCAYNE FL

1.1 TITLE
1.2 NAME
☐ Change ☐ Addition

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
MYERS, RUTH
100 OCEAN LANE DRIVE
KEY BISCAYNE FL

2.1 TITLE
2.2 NAME
☐ Change ☐ Addition

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MYERS, PATRICIA LOUISE
1808 TULIP DRIVE
SARASOTA FL

2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
☐ Change ☐ Addition

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
☐ Change ☐ Addition

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
☐ Change ☐ Addition

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
☐ 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ruth E. Myers
RUTH E. MYERS

1/30/96

305-361-8996

Date Deadline Phone #

CR2E034 (12/95)