

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

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., etc.
CHANGE OF ADDRESS:
DON MYERS & ASSOCIATES, INC.
1762 BAY ST. UNIT 202
SARASOTA, FLORIDA 34236

Suite, Apt., etc.
CHANGE OF ADDRESS:
DON MYERS & ASSOCIATES, INC.
1762 BAY ST. UNIT 202
SARASOTA, FLORIDA 34236

23

28

24

29

City & State

Zip

Country

3. Date Incorporated or Qualified

03/12/1985

4. FEI Number

59-2510109

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MYERS, RUTH
100 OCEAN LANE DRIVE
P.H. 3
KEY BISCAYNE FL 33149
CHANGE OF ADDRESS:
DON MYERS & ASSOCIATES, INC.
1762 BAY ST. UNIT 202
SARASOTA, FLORIDA 34236

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 and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. DP

MYERS, DON

100 OCEAN LANE DRIVE

KEY BISCAYNE FL

2. DST

MYERS, RUTH

100 OCEAN LANE DRIVE

KEY BISCAYNE FL

3. DV

MYERS, PATRICIA LOUISE

1808 TULIP DRIVE

SARASOTA FL

4. DELETE

5. DELETE

6. DELETE

7. DELETE

8. DELETE

9. DELETE

10. DELETE

11. DELETE

12. DELETE

13. DELETE

14. DELETE

15. DELETE

16. DELETE

17. DELETE

18. DELETE

19. DELETE

20. DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CHANGE OF ADDRESS:
DON MYERS & ASSOCIATES, INC.

1762 BAY ST. UNIT 202
SARASOTA, FLORIDA 34236

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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; 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 Myers* *Patricia Myers*

4/14/98 1041-945-7798

CR2E034 (10/97)