

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

FILED

Jan 15 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 # M90501

(1)

1. Corporation Name  
MYRTLE CORPORATION



Principal Place of Business  
1701 9TH STREET, NORTH  
ST. PETERSBURG FL 33704

Mailing Address  
1701 9TH STREET, NORTH  
ST. PETERSBURG FL 33704-4205

3. Date Incorporated or Qualified 07/21/1988  
3a. Date of Last Report 02/16/1996

2. Principal Place of Business 21 1519 Dr. ML King St. N Suite, Apt #, etc 22 City & State 23 St. Petersburg, FL Zip 24 33704		2a. Mailing Address 26 1519 Dr. ML King St. N Suite, Apt #, etc 27 City & State 28 St. Petersburg, FL Zip 29 33704		4. FEI Number 59-2900834 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MYRTLE, JOHN F. 1701 9TH AVENUE NORTH ST. PETERSBURG FL 33704		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1519 Dr. ML King Street N 83 84 City St. Petersburg FL 85 Zip Code 33704			

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, type or printed name of registered agent and if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYRTLE, JOHN F. 1701 9TH STREET, N. ST. PETERSBURG FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1519 Dr. ML King Street N St. Petersburg, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MYRTLE, JOHN P. 1701 9TH STREET, N. ST. PETERSBURG FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1519 Dr. ML King Street N St. Petersburg, FL 3370
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MYRTLE, THERESA M. 1701 9TH STREET, N. ST. PETERSBURG FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1519 Dr ML King Street N St. Petersburg, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MYRTLE, KATHLEEN T. 1701 9TH STREET, N. ST. PETERSBURG FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1519 Dr. ML King Street North St. Petersburg, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*John F. Myrtle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Myrtle

1/3/96

(813)  
821-1726

CR2E034 (9/96)