

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

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P05125** (0)
1. Corporation Name
S. D. MYERS, INC.

APR 24 11 51 35
DIVISION OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **180 SOUTH AVENUE TALLMADGE OH 44278**
Mailing Address: **180 SOUTH AVENUE TALLMADGE OH 44278**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Licensed	3a. Date of Last Report
21		26		02/26/1985	05/01/1994
22. State - Apt # etc		27. State - Apt # etc		4. FFI Number	Applied For
23. City & State		28. City & State		34-0971545	Not Applicable
24. Co. Name		29. Co. Name		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25. County		30. County		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				6. The corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.0507 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 607.0509, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent or Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	HEDDLESTON, RICHARD R.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15317 STRADER RD	1.2 NAME	
STREET ADDRESS	E LIVERPOOL OH	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, DAVID P.	2.2 NAME	
STREET ADDRESS	1705 AKRON PENINSULA RD.	2.3 STREET ADDRESS	
CITY, ST, ZIP	AKRON OH	2.4 CITY, ST, ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, DANA S	3.2 NAME	
STREET ADDRESS	30001 OAKRIDGE	3.3 STREET ADDRESS	
CITY, ST, ZIP	SILVER LAKE OH	3.4 CITY, ST, ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, SCOTT D	4.2 NAME	
STREET ADDRESS	1600 SACKETT	4.3 STREET ADDRESS	
CITY, ST, ZIP	CUYAHOGA FALLS OH	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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 139.02(3)(b), Florida Statutes. I further certify that the information included in 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 that my name or position appeared in or on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment, with an address.

SIGNATURE: *Richard R. Heddleston* **Treasurer**
 MONOGRAM AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard R. Heddleston **TREASURER**
 4/24/95 216-633-2666
 Date: _____ Telephone: _____