

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # P05125 (0)

1. Corporation Name

S. D. MYERS, INC.

Principal Place of Business

180 SOUTH AVENUE  
TALLMADGE OH 44278

Mailing Address

180 SOUTH AVENUE  
TALLMADGE OH 44278

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

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
02/26/1985

3a. Date of Last Report  
05/01/1995

4. FEI Number  
34-0971545

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 title, if applicable

(If only Registered Agent Signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
HEDDLESTON, RICHARD R.  
15317 STRADER RD  
E.LIVERPOOL OH

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
MYERS, DAVID P.  
1705 AKRON PENINSULA RD.  
AKRON OH

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
MYERS, DANA S  
30001 OAKRIDGE  
SILVER LAKE OH

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
MYERS, SCOTT D  
1600 SACKETT  
CUYAHOGA FALLS OH

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
18266 FORBES RD.  
WELLSVILLE, OH 43968

2.1 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)