FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25944** **(0)**

1. Corporation Name
F.H. MYERS CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
273 PLAUCHE ST. HARAHAN LA 70123	273 PLAUCHE ST. HARAHAN LA 70123

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/06/1989**
3a. Date of Last Report: **02/18/1994**

2. Principal Place of Business
21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: **72-1100864** ☐ 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 [X] No

9. Name and Address of Current Registered Agent

~~KENNEDY, THOMAS J.~~ MRS. THOMAS J. KENNEDY
4410 SAN LUCIAN LANE
NORTH FT. MYERS FL 33903

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	MYERS, FRED H.	12 NAME	FRED H. MYERS	
STREET ADDRESS	273 PLAUCHE ST.	13 STREET ADDRESS	273 Plauche St.	
CITY-ST-ZIP	HARAHAN LA	14 CITY-ST-ZIP	Harahan, LA 70123	
TITLE	D	21 TITLE	SECRETARY	[X] Change ☐ Addition
NAME	RJS COMPANY	22 NAME	KATHERINE AUCOIN	
STREET ADDRESS	273 PLAUCHE ST.	23 STREET ADDRESS		
CITY-ST-ZIP	HARAHAN LA	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		[X] Change ☐ Addition
NAME	CHETTA, DEBRA	32 NAME		
STREET ADDRESS	273 PLAUCHE ST	33 STREET ADDRESS		
CITY-ST-ZIP	HARAHAN LA	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE		[X] Change ☐ Addition
NAME	SWOOP, JUDITH L.	42 NAME		
STREET ADDRESS	273 PLAUCHE ST	43 STREET ADDRESS		
CITY-ST-ZIP	HARAHAN LA	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Fred H. Myers (504) 734-1073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04/2001 FF