

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90057 020 ***150.00

DOCUMENT # P94000016775

1. Corporation Name
MYERS TREE SERVICE, INC.

Principal Place of Business
2474 RIVER PLACE LANE
ORANGE PARK FL 32073

Mailing Address
P.O. BOX 1448
ORANGE PARK FL 32067-1448

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

03/03/1994

4. FEI Number

59-3230431

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, JOHN D.
8362 103RD STREET
JACKSONVILLE FL 32210

81 Name JOHN D. DAVIS

82 Street Address (P.O. Box Number is Not Acceptable)
4543 WESCONNETT BLVD

83

84 City JACKSONVILLE

FL

85 Zip Code 32210

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 *John D. Davis*

(NOTE: Registered Agent signature required when reinstating)

4/19/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME MYERS, STACEY A
STREET ADDRESS 4887 BOZA CT
CITY-ST-ZIP ORANGE PARK FL

1.1 TITLE VP ☐ Change ☒ Addition
1.2 NAME WESLEY MYERS
1.3 STREET ADDRESS 415 CLEVELAND AVE
1.4 CITY-ST-ZIP ORANGE PARK, FL. 32065

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE T ☐ Change ☒ Addition
2.2 NAME TIMOTHY P. MEGLOTHLIN
2.3 STREET ADDRESS 664 HARRISON AVE
2.4 CITY-ST-ZIP ORANGE PARK, FL. 32065

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE PTD ☒ Change ☐ Addition
3.2 NAME STACEY A. MYERS
3.3 STREET ADDRESS 415 CLEVELAND AVE
3.4 CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Stacey Myers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

Daytime Phone #

CR2E034 (11/98)