

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

FILED

97 APR 25 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **994000020949**  
1. Corporation Name  
**MYERS-WILLRODT CORPORATION**

Principal Place of Business Mailing Address  
**3645 HARTSFIELD ROAD  
TALLAHASSEE, FL 32303**

3. Date Incorporated or Qualified **March 18, 1994** 3a. Date of Last Report **APRIL 10, 1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3230969</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	25. Country		
29. Zip	30. Country		

9. Name and Address of Current Registered Agent

**W. JAMES WILLRODT  
3831 SHAMROCK WEST  
TALLAHASSEE, FL 32308**

10. Name and Address of New Registered Agent

81. Name **JOSEPH E. MYERS**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**5011 PIMLICO DRIVE**  
83.   
84. City **TALLAHASSEE** FL 85. Zip Code **32308**

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 officer 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, am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

*Joseph E. Myers*

**JOSEPH E. MYERS**

4-24-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<b>JOSEPH E. MYERS</b>
13. STREET ADDRESS	<b>5011 PIMLICO DRIVE</b>
14. CITY- ST- ZIP	<b>TALLAHASSEE, FL 32308</b>
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	<b>900002162429-2</b>
33. STREET ADDRESS	<b>-05/01/97--01103--014</b>
34. CITY- ST- ZIP	<b>****165.00 ****165.00</b>
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY- ST- ZIP	

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:

*Joseph E. Myers*

**JOSEPH E. MYERS**

4-24-97

576-7901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)