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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400020949 (1)

MYERS-WILLRODT CORPORATION

Principal Place of Business Mailing Address											
3645 HARTSFIELD ROAD 3645 HARTSFIELD ROAD TALLAHASSEE FL 32303											
US			US					DO NOT WRITE IN THIS SPACE			
							T:	3. Date Incorporated or Qualified			
								03/18/1994			
2. Principal Place of Business			28. Mailing Address				'	4. FEI Number		Applied For	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.					59-3230969		Not Applicable Additional	
22			7				1	5. Certificate of Status Desired	•	Required	
City & State			City & State					6. Election Campaign Financing	 	0 May Be	
23			28				Trust Fund Contribution		d to Fees		
Zip	Country		Zip Count			/		8. This corporation owes or has paid th		ntangible	
24	25 29 30			30	Personal Property Tax due June 30. 🗹 Yes 🔲 No						
9. Name and Address of Current Registered Agent						т	10. Name and Address of New Registered Agent				
MYERS, JOSEPH E					81	Name	∍				
5011 PIMLICO DRIVE					62	Street A	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32308					83	 					
					63						
					84	City			FL 85 Zip	o Code	
11. Pursuant	to the provisions of Sections 607	.0502 and 6	607 1508. Florida Statu	les, the a	boy	e-named c	corporal			its registered	
office or r	egistered agent, or both, in the s	State of Flori	da. Such change was	authorize	d by	y the corpo	oration's	tion submits this statement for the purpositions added to the state of directors. I hereby accept the	appointment a	ıs registered	
Į.	in terminar with, and docept the c	ibligations c	, Section 651.0360, 11	orda oto	iole.	٥.					
SIGNATURE	Signature, typed or printed name of registor	ed agent and title	il applicable (NO	TE: Registere	d Age	ent signature re	required wh		ATE		
12.	OFFICERS	AND DIRE		13.				ADDITIONS/CHANGES TO OFFICERS			
TITLE	•				1.1 TITLE				☐ Change	: Addition	
NAME	FALL DIM ICO DONE				1.2 NAME						
TALLAUACCEE EL 20200					1.3 STREET ADDRESS						
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6.3 STREET ADDRESS

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.