

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

DOCUMENT # P94000023009 (1)

1. Corporation Name

MYERS CEJAM COMPANY

Principal Place of Business

3310 BOWERS LN
JACKSONVILLE FL 32257

Mailing Address

3310 BOWERS LN
JACKSONVILLE FL 32257

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

MYERS, CARYL
3310 BOWERS LN
JACKSONVILLE FL 32257

3. Date Incorporated or Qualified
03/25/1994

3a. Date of Last Report
01/27/1995

4. FEI Number
59-3234841

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

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

Caryl Myers

4-8-96

12. OFFICERS AND DIRECTORS

TITLE	P	NAME	MYERS, EDWARD	☐ DELETE
STREET ADDRESS			3310 BOWERS LN	
CITY- ST- ZIP			JACKSONVILLE FL	
TITLE	V	NAME	MYERS, ARI	☐ DELETE
STREET ADDRESS			83 RYMSHAW DR	
CITY- ST- ZIP			PALM COAST FL	
TITLE		NAME		☐ DELETE
STREET ADDRESS				
CITY- ST- ZIP				
TITLE		NAME		☐ DELETE
STREET ADDRESS				
CITY- ST- ZIP				
TITLE		NAME		☐ DELETE
STREET ADDRESS				
CITY- ST- ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. 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:

Edward Myers 4/4/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)