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FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000050416 (4)

1. Corporation Name
MYERS JACKSON CONTRACTING, INC.



Principal Place of Business

P.O. BOX 1630
MAYO FL 32066

Mailing Address

P.O. BOX 1630
MAYO FL 32066-1630

2. Principal Place of Business

21 Hwy 51 S
Suite, Apt. #, etc.

22 Mayo FL
City & State

23 Zip
32066

24 Country
LAF

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/01/1994

3a. Date of Last Report

06/19/1996

4. FEI Number

59-3258505

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CARVER, AMY W
RT 3 BOX 784
MAYO FL 32066

10. Name and Address of New Registered Agent

81 Name

JOHN A BARLEY, P.A.

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

400 NORTH MERIDIAN STREET

83

POST OFFICE BOX 10166

84 City

TALLAHASSEE,

FL

85 Zip Code

32302

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, 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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-97

12. OFFICERS AND DIRECTORS

TITLE D
NAME JACKSON, AMY D CHRWOMA
STREET ADDRESS RT 3 BOX 784
CITY- ST- ZIP MAYO FL 32066

TITLE P
NAME JACKSON, H M MEMBER
STREET ADDRESS RT 3 BOX 784
CITY- ST- ZIP MAYO FL 32066

TITLE D
NAME O'STEEN, LARRY MEMBER
STREET ADDRESS RT. 2 BOX 118
CITY- ST- ZIP MAYO FL 32066

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

JAN 8 1997

Daytime Phone #

904-294-3512

0019556

CR2E034 (9/96)