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APPROVED AND FILED 05-06-1999 90166 038 ***150.00
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99 JUN -4 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P94000050416

1. Corporation Name
MYERS JACKSON CONTRACTING INC

Principal Place of Business
PO BOX 417
CHATTAHOOCHEE FL 32324
9163 LEDGER LANE TALLAHASSEE FL 32310.

Mailing Address
PO BOX 417
CHATTAHOOCHEE FL 32324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: July 1994

2. Principal Place of Business
21 9163 LEDGER LANE
22 Suite, Apt. #, etc.
23 City & State: TALLAHASSEE FL
24 Zip 32310 25 Country US

2a. Mailing Address
26 PO BOX 417
27 Suite, Apt. #, etc.
28 City & State: CHATTAHOOCHEE FL
29 Zip 32324 30 Country US

4. FEI Number: 59 3258505 ☐ 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
81 Name: LARRY L. O'STEEN
82 Street Address (P.O. Box Number is Not Acceptable): RT 2 BOX 975 C-354
83 Larry L. Olsteen
84 City: MAYO FL 85 Zip Code: 32066

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 Larry L. Olsteen
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JAMES B. KINSEY RT 1 BOX 165-J MONTICELLO FL 32344	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VICE PRESIDENT ROBBY JENNINGS RT 2 BOX 51 QUincy, FL 32351	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST JOHN O SINGLETARY RT 1 BOX MAYO FL 32066	☒ DELETE 8114 Glenhaven Tallahassee, FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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: John L. Jackson President 27 APR 99 8505677202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #