

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90051 049 ***150.00

DOCUMENT # P96000076597

1. Corporation Name

MYERS FAMILY VENDING AND DISTRIBUTION, INC.



Principal Place of Business

6067 LAMONTE STREET
ST. CLOUD FL 34771

Mailing Address

6067 LAMONTE STREET
ST. CLOUD FL 34771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1996

4. FEI Number

59-3398633

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

2. Principal Place of Business

21 6067 LAMONTE ST

2a. Mailing Address

26 P.O. Box 700334

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ST CLOUD FL

City & State

28 ST. CLOUD FL

Zip

24 34771

Country

25 USA

Zip

29 347

Country

30 USA

9. Name and Address of Current Registered Agent

MYERS, CHARLES F
6067 LAMONTE STREET
ST. CLOUD FL 34771

10. Name and Address of New Registered Agent

81 Name

MYERS, CHARLES F.

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

6067 LAMONTE ST.

83

84

ST. CLOUD

FL

85

34771

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

CHARLES F. MYERS / PRESIDENT 01/04/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME MYERS, CHARLES H
STREET ADDRESS 4501 S. SHORE DRIVE
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ DELETE

D
NAME MYERS, BARBARA J
STREET ADDRESS 4501 S. SHORE DRIVE
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHARLES F. MYERS 01/04/99 407-957-3843

CR2E034 (11/98)

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