

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076597

1. Entity Name

MYERS FAMILY VENDING AND DISTRIBUTION, INC.

Principal Place of Business

6069 LAMONTE ST
ST. CLOUD FL 34771
US

Mailing Address

PO BOX 700334
ST. CLOUD FL 34470
US

2. Principal Place of Business

2000 Sunny St.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

City & State

Zip

34741

Country

(Osceola) USA

Country

4. FEI Number 59-3398633

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS, CHARLES F
6069 LAMONTE ST
ST. CLOUD FL 34771

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	NAME	MYERS, CHARLES H	STREET ADDRESS	4501 S. SHORE DR	CITY-ST-ZIP	ST. CLOUD FL 32839	<input type="checkbox"/> Delete
TITLE	D	NAME	MYERS, BARBARA J	STREET ADDRESS	4501 S. SHORE DRIVE	CITY-ST-ZIP	ORLANDO FL 32839	<input type="checkbox"/> Delete
TITLE	PSD	NAME	MYERS, CHARLES F	STREET ADDRESS	6069 LAMONTE ST	CITY-ST-ZIP	ST. CLOUD FL 34771	<input type="checkbox"/> Delete
TITLE	VTD	NAME	MYERS, TERRY L	STREET ADDRESS	6069 LAMONTE ST	CITY-ST-ZIP	ST. CLOUD FL 34771	<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME	Myers, Charles F.	STREET ADDRESS	2000 Sunny St.	CITY-ST-ZIP	Kissimmee, FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME	Myers, Terry L.	STREET ADDRESS	2000 Sunny St.	CITY-ST-ZIP	Kissimmee, FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 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

Terry L Myers, VPres.

01/03/01

407-457-3843

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90004 027 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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