SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:34

DOCUMENT # **S35943** **(7)**

1. Corporation Name

MYERS DISTRIBUTING, INC.

Principal Place of Business	Mailing Address
11329 SECOND STREET EAST **TREASURE ISLAND FL 33706**	**11329 SECOND STREET EAST** **TREASURE ISLAND FL 33706**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/04/1991	**04/19/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number **59-3059604** ☐ 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 solely for changing its tax under s. 193.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MYERS, ELENORA L. **11320 SECOND STREET EAST** **TREASURE ISLAND FL 33706**	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 (type or print name of registered agent and the date) (New Registered Agent signature required for address) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 Title	**PD**	31 Title	☐ Change ☐ Addition
32 Name	**MYERS, PHILLIP**	32 Name	
33 Street Address	**117 TANGLEWOOD TRAIL**	33 Street Address	
34 City, St, Zip	**LOUISVILLE KY**	34 City, St, Zip	
41 Title	**STD**	41 Title	☐ Change ☐ Addition
42 Name	**MYERS, MARY ANN**	42 Name	
43 Street Address	**117 TANGLEWOOD TRAIL**	43 Street Address	
44 City, St, Zip	**LOUISVILLE KY**	44 City, St, Zip	
51 Title		51 Title	☐ Change ☐ Addition
52 Name		52 Name	
53 Street Address		53 Street Address	
54 City, St, Zip		54 City, St, Zip	
61 Title		61 Title	☐ Change ☐ Addition
62 Name		62 Name	
63 Street Address		63 Street Address	
64 City, St, Zip		64 City, St, Zip	
71 Title		71 Title	☐ Change ☐ Addition
72 Name		72 Name	
73 Street Address		73 Street Address	
74 City, St, Zip		74 City, St, Zip	
81 Title		81 Title	☐ Change ☐ Addition
82 Name		82 Name	
83 Street Address		83 Street Address	
84 City, St, Zip		84 City, St, Zip	

CR2E034 (3/95)

14. I hereby certify that the information supplied with this filing is accurate, and that such 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 above, or on an attachment with an address.

SIGNATURE: Phillip Myers 6/27/95
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date)

0100720 CP