

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 1995 11:027

DOCUMENT # **V04048** (7)

1. Corporation Name

MEYERS AND ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2310 TALL PINES DR
STE 210
LARGO FL 34641
US**

Mailing Address
**2310 TALL PINES DR
SUITE 210
LARGO FL 34641
US**

3. Date Incorporated or Qualified
01/02/1992

3a. Date of Last Report
07/26/1994

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

4. FEI Number
59-3097767

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**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**DOLAN, MARK R
12585 ULMERTON RD
LARGO FL 34644**

10. Name and Address of New Registered Agent

81. Name
DOLAN, MARK R.

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

83. Suite
SUITE B

84. City
TAMPA

85. Zip Code
FL 33602

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MEYERS, DAVID A.
STREET ADDRESS	951 FALMOTH DR.
CITY - ST - ZIP	PALM HARBOR FL
TITLE	ST
NAME	MEYERS, DAVID A.
STREET ADDRESS	951 FALMOTH DR.
CITY - ST - ZIP	PALM HARBOR FL
TITLE	V
NAME	STRATTON, STEVEN D
STREET ADDRESS	11291 OAK RIDGE TRL DR
CITY - ST - ZIP	SEMINOLE FL
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. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	☒ Change ☐ Addition
32. NAME	DELETE
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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

6/20/95 **013 530 3589**