# above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM PAUL MYRICK

Electronic Signature of Signing Officer/Director Detail

# Entity Name: WILLIAM PAUL MYRICK PROPERTIES, INCORPORATED **Current Principal Place of Business:**

192 IVY LAKES DRIVE SAINT JOHNS. FL 32259

# **Current Mailing Address:**

DOCUMENT# P03000133950

**192 IVY LAKES DRIVE** SAINT JOHNS. FL 32259 US

# FEI Number: 32-0098727

### Name and Address of Current Registered Agent:

MYRICK, WILLIAM P 192 IVY LAKES DRIVE SAINT JOHNS, FL 32259 US

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: WILLIAM P MYRICK

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title Ρ Name MYRICK, WILLIAM P Address **192 IVY LAKES DRIVE** City-State-Zip: SAINT JOHNS FL 32259

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

Certificate of Status Desired: No

04/26/2019 Date

Date

FILED Apr 26, 2019 Secretary of State 8786469211CC

04/26/2019

PRESIDENT

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT