

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000032798

**Entity Name:** MEAD T. MYERS & ASSOCIATES, INC.

**Current Principal Place of Business:**

15019 LAUREL COVE CIR.  
ODESSA, FL 33556

**Current Mailing Address:**

7853 GUNN HIGHWAY PMB #387  
TAMPA, FL 33626 US

**FEI Number:** 32-0440341

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MYERS, MEAD T  
15019 LAUREL COVE CIR.  
ODESSA, FL 33556 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MYERS, MEAD T  
Address        15019 LAUREL COVE CIR.  
City-State-Zip: ODESSA FL 33556

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

**SIGNATURE:** MEAD T MYERS

**PRESIDENT**

**01/10/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date