

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 26 PM 4:28

DOCUMENT # **P94000050416 (4)**

1. Corporation Name

**MYERS JACKSON CONTRACTING, INC.**

Principal Place of Business

P.O. BOX 1630  
MAYO FL 32066

Mailing Address

P.O. BOX 1630  
MAYO FL 32066

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**07/01/1994**

3a. Date of Last Report  
**N/A**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

**59-325 8505**

Applied For

Not Applicable

**\$8.75 Additional Fee Required**

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

**\$5.00 May Be Added to Fees**

City & State

23

City & State

28

6. Election Campaign Financing Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes

No

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**MUTCH, SAMUEL A  
708 N.W. 8TH AVENUE  
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**  
NAME: **JACKSON, AMY D CHRWOMA**  
STREET ADDRESS: **P.O. BOX 1630**  
CITY - ST - ZIP: **MAYO FL 32066**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE: **D**  
NAME: **JACKSON, H M MEMBER**  
STREET ADDRESS: **P.O. BOX 1630**  
CITY - ST - ZIP: **MAYO FL 32066**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE: **D**  
NAME: **O'STEEN, LARRY MEMBER**  
STREET ADDRESS: **RT. 2 BOX 118**  
CITY - ST - ZIP: **MAYO FL 32066**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(b), 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 in an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Date]*  
DATE