

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified
07/01/1994

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

59-3258505

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 liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

81 Name
AMY W. CARVER
82 Street Address (P.O. Box Number is Not Acceptable)
RT 3 BOX 784
83 **MAYO, FLORIDA 32066**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0702 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 607.0605, Florida Statutes.

SIGNATURE

Amy W. Carver

(Print Name of Agent or Signatory on this line)

5/24/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, AMY D CHRWOMA	
STREET ADDRESS	P.O. BOX 1630 Rt 3 Box 784	
CITY- ST- ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, H M MEMBER	
STREET ADDRESS	P.O. BOX 1630 Rt 3 Box 784	
CITY- ST- ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'STEEN, LARRY MEMBER	
STREET ADDRESS	RT. 2 BOX 118	
CITY- ST- ZIP	MAYO FL 32066	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	H.M. JACKSON, PRESIDENT
23 STREET ADDRESS	P O BOX 1630 Rt 3 Box 784
24 CITY- ST- ZIP	MAYO, FLORIDA 32066
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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-06/20/96--01031--056
*****225.00**

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 119.07(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 change, I, or on an attachment with an address.

SIGNATURE: *H. Myers Jackson*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/23/96 904-294-3542
Date Date
OS 5/1/96

CR2E034 (12/95)