## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**CORPORATION** ANNUAL REPORT

1998

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000050416 (4) DOCUMENT #

MYERS JACKSON CONTRACTING, INC.

HWY 51 S P.O. BOX 1630 MAYO FL 32066 MAYO FL 32066 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 07/01/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3258505 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BARLEY, JOHN A P.A. 400 N MERIDIAN ST Street Address (P.O. Box Number is Not Acceptable) PO BOX 10166 TALLAHASSEE FL 32302 83 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, typed or printed harmoral registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change XX Addition TITLE 1.1 TITLE JACKSON, AMY D CHRWOMA NAME 1.2 NAME Kinsey, James E. Rt.1 Box 165-3 RT 3 BOX 784 STREET ADDRESS 1.3 STREET ADDRESS MAYO FL 32066 CITY-ST-ZIP 1.4 CITY-ST-ZIP Monticello, FL 32344 DELETE Change X Addition TITLE 21 TITLE V/S/T JACKSON, H M MEMBER NAME 2.2 NAME Singletary, John D. RT 3 BOX 784 STREET ADDRESS 2.3 STREET ADDRESS 8414 Glendalin Rd. MAYO FL 32066 2 4 CITY-ST-ZIP Tallahassee, FL 32311 Change CITY-ST-ZIP DELETE 3 1 TITLE Addition O'STEEN, LARRY MEMBER NAME 32 NAME RT. 2 BOX 118 STREET ADDRESS 3.3 STREET ADDRESS MAYO FL 32066 CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

5.4 CHTY - ST - ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

John D. Singletary

DELETE

DELETE

04/30/98

(850)878-2768

Change

Change

☐ Addition

Addition

**FILED** 

May 12 1998 8:00am

Secretary of State