

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

APPROVED AND FILED

05-08-1999 90166 038 ***150.00 P94000050416

99 JUN - 15 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000050416

1. Corporation Name
MYERS JACKSON CONTRACTING INC

Principal Place of Business Mailing Address

PO BOX 417
CHATTahooee FL 32324
9163 LOOPER LANE TALLAHASSEE FL 32310.

2. Principal Place of Business 2a. Mailing Address

21 9163 LOOPER LANE 26 PO BOX 417
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
23 TALLAHASSEE FL 28 CHATTahooee FL
24 Zip 32310 25 Country US 29 Zip 32324 30 Country US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
July 1994

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name LARRY L. OSTEEN
82 Street Address (P.O. Box Number is Not Acceptable) RT 2 BOX 925 C-354
83 Larry L. Osteen
84 City MAYO FL 85 Zip Code 32066

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 *Larry L. Osteen*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	JAMES E. KUSEY	
STREET ADDRESS	RT 1 BOX 105-3	
CITY-ST-ZIP	MONTICELLO FL 32314	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	JOHN O SINGLETARY	
STREET ADDRESS	RT 1 BOX 8414 GLENDALE TALLAHASSEE, FL	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBBY J SMOGEL	
1.3 STREET ADDRESS	RT 2 BOX 51	
1.4 CITY-ST-ZIP	QUINCY, FL 32351	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *Larry L. Osteen* President 27 APR 99 850 567 7202
Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)