

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

01-02 APPROVED AND FILED

pg 1 of 2

DOCUMENT # 094000050416  
1. Entity Name  
Myers Jackson Contracting

02 APR 16 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
9163 Ledyen Lane  
Suite, Apt. #, etc.

3. Mailing Address  
90 BOX 370  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Tallahassee FL  
Zip  
32310  
Country  
US

City & State  
Danbridge GA  
Zip  
31717  
Country  
US

4. FEI Number  
59-3258705  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
EDGAR FOLSON  
Street Address (P.O. Box Number is Not Acceptable)  
9163 Ledyen Lane  
City  
Tallahassee FL Zip Code  
32310

8. 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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P Myers Jackson 718 Booste club rd Danbridge GA 31717</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP Edgar Folsom 9163 Ledyen Lane Tallahassee FL 32310</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP Rodger Roper 718 Booste club rd Danbridge GA 31717</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600005291856--  
-04/18/02--01017--001  
\*\*\*\*300.00 \*\*\*\*300.00

**DO NOT WRITE IN THIS SPACE**

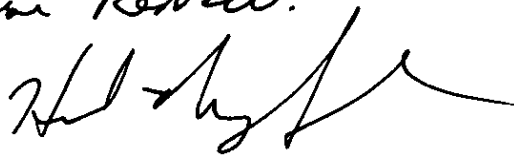
**SP**  
04/16/02

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowerers.

SIGNATURE: [Signature] President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 16th APR 2002 850 567 7202  
Daytime Phone #

CR2E034B (12/01)

I did not receive renewal application in the  
mail. Please Review.



245-8062