

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>H86034</b>		(6)	
1. Corporation Name <b>R-J. MERRIMAN COMPANY, INC.</b>			



APPROVED AND FILED

95 MAR 17 11:56

SECRET TALLAHASSEE, FLORIDA

Principal Place of Business <b>333 N FALKENBURG RD D405                  TAMPA FL 33619</b>	Mailing Address <b>333 N FALKENBURG RD D405                  TAMPA FL 33619</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/19/1985</b>	3a. Date of Last Report <b>04/28/1994</b>
4. FEI Number <b>59-2605615</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for unemployment tax under Ch. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MERRIMAN, RICHARD J.  <del>15420 PLANTATION OAKS DR APT 5                  TAMPA FL 33647</del></b>		10. Name and Address of New Registered Agent <b>2101 PRESERVATION DRIVE                  PLANT CITY FL 33567</b>	
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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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: MERRIMAN, RICHARD J. STREET ADDRESS: <del>15420 PLANTATION OAKS</del> CITY, ST, ZIP: <del>TAMPA FL</del>	11 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME: 13 STREET ADDRESS: <b>2101 PRESERVATION DRIVE</b> 14 CITY, ST, ZIP: <b>PLANT CITY, FL 33567</b>		
TITLE: SD NAME: MERRIMAN, GLORIA STREET ADDRESS: <del>15420 PLANTATION OAKS</del> CITY, ST, ZIP: <del>TAMPA FL</del>	21 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME: 23 STREET ADDRESS: <b>2101 PRESERVATION DRIVE</b> 24 CITY, ST, ZIP: <b>PLANT CITY, FL 33567</b>		
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME: 33 STREET ADDRESS: 34 CITY, ST, ZIP:		
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME: 43 STREET ADDRESS: 44 CITY, ST, ZIP:		
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME: 53 STREET ADDRESS: 54 CITY, ST, ZIP:		
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME: 63 STREET ADDRESS: 64 CITY, ST, ZIP:		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that I am not entitled for the exemption stated in Section 119.03(9)(k), Florida Statutes. I further certify that the information on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and result as if I were an officer or director of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the Certificate of Incorporation or in an amendment thereto.

SIGNATURE: *R. Merriman* President **4/29/95 (813) 273-1000**