

2001 UNIFORM BUSINESS REPORT (UBR) 4.0.21

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90068 025 ***150.00

DOCUMENT # **H88034** **MERRIMAN COMPANY, INC.**
 1. Entity Name
 My Name (Last name, first name, middle)
R.J. MERRIMAN COMPANY
333 N. FALKENBURG ROAD
 OLD Complete Street Address or PO Box or Rural Route and RR Box
TAMPA FL

Principal Place of Business
 City or Post Office Mailing Address
333 N FALKENBURG RD D405
TAMPA FL 33619
 NEW Complete Street Address or PO Box or Rural Route and RR Box
PLANT CITY FL
33567-7731 ZIP or ZIP +4 Code
00034976

2. Principal Place of Business
 NEW Telephone Number
4288 U.S. Highway 92 West
4288 U.S. Highway 92 West
 Suite, Apt. #, etc. Account Number or Split Apt. #, etc.
SUITE 3
 City & State City & State
PLANT CITY, FL **PLANT CITY, FL**
 Signature
[Signature]
 Today's Date: Month Day Year
04/02/01 DO NOT WRITE IN THIS SPACE

3. FEI Number **59-2605615**
 Applied For
 Not Applicable
 Zip Country PS Form 106, January 2001
33567-7731 U.S.A. 33567-7731 U.S.A.

6. Name and Address of Current Registered Agent
MERRIMAN, RICHARD J.
2101 PRESERVATION DRIVE
PLANT CITY FL 33567

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	MERRIMAN, RICHARD J.	
STREET ADDRESS	2101 PRESERVATION DRIVE	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MERRIMAN, GLORIA	
STREET ADDRESS	2101 PRESERVATION DRIVE	
CITY-ST-ZIP	PLANT CITY FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: **[Signature]** **R.J. MERRIMAN** **4/5/01** **(813)273-1000**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

28898351 CR2E034 (10/00)