

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 05, 1999 8:00 am
Secretary of State

08-05-1999 90003 047 ***150.00

DOCUMENT # 841198

1. Corporation Name

THE MERCHANTS COMPANY

Principal Place of Business

P.O. BOX 1351
HATTIESBURG MS 39401

Mailing Address

P.O. BOX 1351
HATTIESBURG MS 39401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1978

4. FEI Number

64-0202800

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. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SUBER, D.B.**
STREET ADDRESS **1100 EDWARDS STREET**
CITY-ST-ZIP **HATTIESBURG MS 39401**

TITLE **VS** ☐ DELETE
NAME **TATUM, ROBERT O.**
STREET ADDRESS **315 MAIN STREET**
CITY-ST-ZIP **HATTIESBURG MS 39401**

TITLE **TRE** ☐ DELETE
NAME **MERCIER, ANDREW B**
STREET ADDRESS **1100 EDWARDS STREET**
CITY-ST-ZIP **HATTIESBURG MS**

TITLE **C** ☐ DELETE
NAME **TATUM, F.M., JR.**
STREET ADDRESS **315 MAIN STREET**
CITY-ST-ZIP **HATTIESBURG MS**

TITLE **D** ☐ DELETE
NAME **TATUM, JOHN M., JR.**
STREET ADDRESS **315 MAIN STREET**
CITY-ST-ZIP **HATTIESBURG MS 39401**

TITLE **D** ☐ DELETE
NAME **TATUM, JOSEPH F.**
STREET ADDRESS **AIRPORT ROAD**
CITY-ST-ZIP **HATTIESBURG MS 39401**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE REQUIRED

CR2E034 (5/99)

601324-90003-47
841198
The Merchant's Company
P.O. Box 1351
Hattiesburg, MS 39401

July 15, 1999

State of Florida
Annual Reports filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: The Merchants Company, FEI 64-0202800, Document #841198

Dear Sir/Madam:

We are in receipt of the 1999 Profit Corporation Annual Report packet marked as 2nd notice. We have no record of receiving a previous copy of the 1999 Annual Report packet in our offices to complete and send back to your office. We are therefore requesting that the \$400.00 late filing fee be waived. A signed copy of the report and a check for \$150.00 is included.

If we can be of any further assistance, please contact us.

Sincerely,


Andrew B. Mercier
Controller

CP6