

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90022 046 ***150.00

DOCUMENT # 131697

1. Entity Name

DAFFIN MERCANTILE COMPANY, INCORPORATED

JAN 10 2000

Principal Place of Business

Mailing Address

2867 ESTES ST.
2867 ESTES ST
MARIANNA FL 32448
US

P. O. BOX 779
MARIANNA FL 32447-0779
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0212490

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAFFIN, R. HUNTER JR.
2867 ESTES ST.
MARIANNA FL 32448

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | MILTON, JOHN V | |
| STREET ADDRESS | 2764 INDIAN SPRINGS RD | |
| CITY-ST-ZIP | MARIANNA, FL 00000 | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | LEE, ROBERT G. | |
| STREET ADDRESS | 3313 HARBOUR CR | |
| CITY-ST-ZIP | PANAMA CITY FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DAFFIN, HUNTER R JR | |
| STREET ADDRESS | 2766 INDIAN SPRINGS RD | |
| CITY-ST-ZIP | MARIANNA, FL 00000 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MILTON, JOHN W. | |
| STREET ADDRESS | 2760 INDIAN SPRINGS RD | |
| CITY-ST-ZIP | MARIANNA 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"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SIDNEY A DAFFIN III | |
| STREET ADDRESS | 746 HARRISON AVE | |
| CITY-ST-ZIP | PANAMA CITY, FL 32401 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | EDGAR O. Daffin | |
| STREET ADDRESS | 230 Bonita Ave | |
| CITY-ST-ZIP | PANAMA CITY FL 32401 | |
| 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 like empowered.

SIGNATURE:

R. Hunter Daffin Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99
Date

850-482-4024
Daytime Phone #

CR2E034 (9/99)