

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90296 039 ***150.00

0465510

DOCUMENT # 131697

1. Entity Name

DAFFIN MERCANTILE COMPANY, INCORPORATED

Principal Place of Business

2867 ESTES ST.
 2867 ESTES ST
 MARIANNA FL 32448
 US

Mailing Address

P. O. BOX 779
 MARIANNA FL 32447
 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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

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

(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, 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

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	D	<input type="checkbox"/> Delete
NAME	DAFFIN, SIDNEY A III	
STREET ADDRESS	746 HARRISON AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAFFIN, EDGAR O	
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		
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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:

Hunter Daffin, Pres Hunter Daffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01

Date

850-482-4026

Daytime Phone #

CR2E034 (10/00)