

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 146797 (6)

1. Corporation Name
MERMAID INC



Principal Place of Business Mailing Address
% MORRIS AND MORRIS, P.A.
3733 UNIVERSITY BLVD. W., SUITE 107
JACKSONVILLE FL 32217-2111
C/O MORRIS & MORRIS PA
3733 UNIVERSITY BLVD. WEST ST. 107
JACKSONVILLE FL 32217-2111
US

3. Date Incorporated or Qualified 04/27/1946
3a. Date of Last Report 05/01/1995
4. FEI Number 59-0567787
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 C/O MORRIS & MORRIS, P.A. 26 C/O MORRIS & MORRIS, P.A.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 9315 SAN JOSE BLVD. 27 P.O. BOX 56375
City & State City & State
23 JACKSONVILLE, FL 28 JACKSONVILLE, FL
Zip Country Zip Country
24 32257 25 USA 29 32241-6375 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAUL, SUZANNE M.
1437 SAN MARCO BLVD.
JACKSONVILLE FL 32207

81 Name PAUL, SUZANNE M.
82 Street Address (P.O. Box Number is Not Acceptable) 1008 RIO ST. JOHNS DRIVE
83
84 City JACKSONVILLE FL 85 Zip Code 32211

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | S VINCENT JR, PAUL M <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1437 SAN MARCO BLVD. | 1.2 NAME | |
| STREET ADDRESS | JACKSONVILLE FL | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | PDT <input type="checkbox"/> DELETE | 2.1 TITLE | PAUL, SUZANNE M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAUL, SUZANNE M. | 2.2 NAME | 1008 RIO ST. JOHNS DRIVE |
| STREET ADDRESS | 1437 SAN MARCO BLVD. | 2.3 STREET ADDRESS | JACKSONVILLE, FL 32211 |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUZANNE M. PAUL

Date

Daytime Phone #

CR2E034 (12/95)