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FILED

Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 292908 (1)

1. Corporation Name  
MERRITT CAPITAL CORP

Principal Place of Business

8651 OSPREY LANE  
JACKSONVILLE FL 32217

Mailing Address

220 KING STREET  
COCOA FL 32922  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1965

4. FEI Number

59-1116348

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 536 Peachtree Street

26 536 Peachtree Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Cocoa, FL

28 Cocoa, FL

Zip

Country

Zip

Country

24 32922

25 USA

29 32922

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROWE, MORRIS A  
1030 GRAY RD  
COCOA FL 32926

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
WOODS, LOSSIE B.  
STREET ADDRESS  
4505 CLINTON AVE.  
CITY-ST-ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
WOODS, JEWELDENE  
STREET ADDRESS  
4525 CLINTON AVE.  
CITY-ST-ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
DZIKOWSKI, DEBORAH W.  
STREET ADDRESS  
8651 OSPREY LAND  
CITY-ST-ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
ROWE, MORRIS A  
STREET ADDRESS  
1030 GRAY RD  
CITY-ST-ZIP  
COCOA FL

TITLE ☒ DELETE

NAME  
HAID, SUSAN E  
STREET ADDRESS  
1072 GRAY RD  
CITY-ST-ZIP  
COCOA FL

TITLE ☐ DELETE

NAME  
ADAMS, DOROTHY E  
STREET ADDRESS  
983 LONG MEADOW LN  
CITY-ST-ZIP  
MELBOURNE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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, changed, by or as an attachment with an address.

SIGNATURE: MORRIS A. ROWE, President

April 15, 1998 (407)632-2600

CR2E034 (10/97)