## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

Mar 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT #
1. Corporation Name (2) 326069 MERRITT MONUMENT COMPANY INC Principal Place of Business Mailing Address 486£ S. US #1 S. US #1 FORT PIERCE FL 34982 FORT PIERCE FL 34982 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/06/1968 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 483X 4832 59-1200458 Not Applicable 26 21 \$8.75 Additional 6. Certificate of Status Desired Fee Required 27 22 **\$5.00** May Be City & State City & State 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 23 28 Ζıp Country This corporation owes or has paid the current year Intangible Zip Yes **₽**No 30 Personal Property Tax due June 30. 24 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BRENNAN.JOHN** 519 S INDIAN RIVER DR Street Address (P.O. Box Number is Not Acceptable) FORT PIERCE FL 33450 83 Zip Code City 85 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 reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change \_\_\_ Addition DELETE 1.1 TITLE TITLE MERRITT, EDWIN S 1.2 NAME NAME 1204 COUNTRY GARDEN LANE STREET ADDRESS 1.3 STREET ADDRESS FORT PIERCE, FL 0 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE MERRITT, DIANNE W 2.2 NAME NAME 1204 COUNTRY GARDEN LANE 2.3 STREET ADDRESS STREET ADDRESS FORT PIERCE, FL 0 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** 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 13 it between the report 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

report or supplier receiver or trustee empowers.
changed, or on an attachment with an address.

DIANNE

**FILED**