

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 329671 (2)

1. Corporation Name

MERRITT ISLAND THOM MCAN INC

1399



Principal Place of Business

67 MILLBROOK ST  
WORCESTER MASS 01606

Mailing Address

67 MILLBROOK ST  
WORCESTER MASS 01606

3. Date Incorporated or Qualified  
05/06/1968

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
04-2437484

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 fee (if applicable)

(Print Registered Agent Signature (where applicable))

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME MCVEY, LARRY A  
STREET ADDRESS 67 MILLBROOK ST  
CITY-ST-ZIP WORCESTER, MA 00000

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD ☐ DELETE  
NAME WOZNAK, EDWARD S.  
STREET ADDRESS 67 MILLBROOK ST  
CITY-ST-ZIP WORCESTER, MA 00000

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V ☒ DELETE  
NAME FERRAIOLI, RICHARD A  
STREET ADDRESS 67 MILLBROOK ST  
CITY-ST-ZIP WORCESTER, MA 00000

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V ☒ DELETE  
NAME WEAVER, ROBERT A.  
STREET ADDRESS 67 MILLBROOK ST  
CITY-ST-ZIP WORCESTER, MA 00000

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD ☐ DELETE  
NAME ANDERSON, THEODORE L.  
STREET ADDRESS 67 MILLBROOK ST  
CITY-ST-ZIP WORCESTER, MA 00000

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S ☐ DELETE  
NAME LARENCE ROGER  
STREET ADDRESS 67 MILLBROOK ST  
CITY-ST-ZIP WORCESTER, MA 00000

6.1 TITLE ASSISTANT SECRETARY ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(x), 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSISTANT SECRETARY

ROGER LARENCE APR 26 1998 (508) 791-3819

Date

Daytime Phone #

CR2E034 (12/95)

SEPARATE SCHEDULE