

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 501094 (7)

1. Corporation Name

MERLE HARRIS ENTERPRISES, INC.

Principal Place of Business

219 MAGNOLIA AVE
S A
DAYTONA BCH FL 32114
US

Mailing Address

219 MAGNOLIA AVE
S A
DAYTONA BCH FL 32114
US



2. Principal Place of Business

2a. Mailing Address

21 360 S. YONGE ST.

26 360 S YONGE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 ORMOND BEACH, FL

28 ORMOND BEACH, FL

Zip

Zip

Country

Country

24 32174

25 US

29 32174

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/09/1976

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

4. FEI Number

59-1671572

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

10. Name and Address of New Registered Agent

HARRIS, MERLE
250 ELLICOTT DRIVE
ORMOND BCH, FL
32176

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 or director, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVD
NAME HARRIS, MERLE
STREET ADDRESS 250 ELLICOTT DRIVE
CITY-ST-ZIP ORMOND BCH, FL 00000 ☐ DELETE

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

☐ Change ☐ Addition

TITLE ST
NAME HARRIS, DILYS
STREET ADDRESS 250 ELLICOTT DRIVE
CITY-ST-ZIP ORMOND BCH, FL 00000 ☐ DELETE

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

☐ Change ☐ Addition

TITLE VP
NAME MEDEI, MICHAEL R
STREET ADDRESS 170 ELLICOTT DR
CITY-ST-ZIP ORMOND BCH FL ☐ DELETE

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

☐ Change ☐ Addition

TITLE VP
NAME BLYTHE, CHARLES W
STREET ADDRESS 18 RAINTREE DR
CITY-ST-ZIP PORT ORANGE FL ☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

4/28/96

904-677-7060

Date

Telephone #

CR2E034 (12/95)