

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 606099

(0)

1. Corporation Name

MERIT REPORTING SERVICE, INC.



Principal Place of Business

3820 GULF BLVD  
SUITE 205  
ST PETE BEACH FL 33706  
US

Mailing Address

3820 GULF BLVD  
SUITE 205  
ST PETE BEACH FL 33706  
US

3. Date Incorporated or Qualified  
01/09/1979

3a. Date of Last Report  
03/02/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1877276

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

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

DARSEY, LINDA C  
100 TAMPA ST  
SUITE 2800  
TAMPA FL 33602

81 Name

Betty C. Byrd

82 Street Address (P.O. Box Number is Not Acceptable)

15314 Lake Magdalene Blvd or

83

Tampa, FL 33612

84

City St. Pete Beach, FL

85 Zip Code

33706

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

Betty C. Byrd

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-15-96

12. OFFICERS AND DIRECTORS

TITLE DST ☐ DELETE

NAME BYRD, BETTY C.  
STREET ADDRESS 15314 LAKE MAGDALENE  
CITY-ST-ZIP TAMPA FL

TITLE VPD ☐ DELETE

NAME MILLS, LYNDIA J  
STREET ADDRESS 912 EAGLE LANE  
CITY-ST-ZIP APOLLO BEACH FL

TITLE PD ☐ DELETE

NAME EICHAR, JUDY S.  
STREET ADDRESS 9340 ALTU-BAB PK. RD.  
CITY-ST-ZIP BARTOW FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ 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)(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:

Betty C. Byrd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 (813) 367-9283

Date

Telephone Number

CR2E034 (12/95)