

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 PM 2:35

DOCUMENT # 615936

(2)

1. Corporation Name

MERRITT AND WATSON, P.A.

Principal Place of Business

1500 E ORANGE AVE
EUSTIS FL 32726

Mailing Address

1500 E ORANGE AVE
EUSTIS FL 32726

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/30/1979

3a. Date of Last Report

01/13/1995

4. FEI Number

59-1913359

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

MERRITT, JOHN I
1500 E ORANGE AVE
EUSTIS FL 32726

10. Name and Address of New Registered Agent

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 of Registered Agent (if registered agent is not the corporation's officer or director)

Signature of Registered Agent (if registered agent is not the corporation's officer or director)

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PD
MERRITT, JOHN I
2905 RUSTWOOD LANE
EUSTIS, FL 00000

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

STD
WATSON, RONALD H
36017 CLEAR LAKE CIRCLE
EUSTIS, FL 00000

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP

Eustis, FL 32726

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP

Eustis, FL 32726

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP

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****225.00

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-STATE-ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-STATE-ZIP

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Desktop Phone #

CR2E034 (12/95)