

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 # 622694 (8)

1. Corporation Name

MERCER AGENCY, INC.



Principal Place of Business

711 6TH ST N W
POB 350
WINTER HAVEN FL 33881-4012

Mailing Address

711 6TH ST N W
POB 350
WINTER HAVEN FL 33881-4012

3. Date Incorporated or Qualified
05/23/1979

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

21 1600 N. LAKE SHIPP
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME
Suite, Apt. #, etc.

4. FEI Number

59-1917522

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

22 City & State

23 WINTER HAVEN, FL
Zip

24 33880

25 POLK
Country

27 City & State

28 Zip

29

30 Country

9. Name and Address of Current Registered Agent

MERCER, JOEL D
700 6TH ST. NW
WINTER HAVEN, FL
33880

10. Name and Address of New Registered Agent

81 Name

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

83 1600 N. LAKE SHIPP DRIVE

84 City

WINTER HAVEN

FL

85 Zip Code
33880

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

JOEL D. MERCER

(NOTE: Registered Agent signature required when reinstating)

MAY 31, 1996

12. OFFICERS AND DIRECTORS

TITLE D
NAME MERCER, ANTHONY D
STREET ADDRESS 1600 N. LAKE SHIPP DR.
CITY-ST-ZIP WINTER HAVEN, FL 00000 ☐ DELETE

TITLE D
NAME MERCER, CHARLOTTE C
STREET ADDRESS 1600 N LAKE SHIPP DR
CITY-ST-ZIP WINTER HAVEN, FL 00000 ☐ DELETE

TITLE PD
NAME MERCER, JOEL D
STREET ADDRESS 1600 N LAKE SHIPP DR
CITY-ST-ZIP WINTER HAVEN, FL 00000 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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:

JOEL D. MERCER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 31, 1996 941-293-6304
Daytime Phone #

CR2E034 (12/95)