


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 622694 (8)</b> 1. Corporation Name <b>MERCER AGENCY, INC.</b>			
Principal Place of Business <b>1600 N. LAKE SHIPP DRIVE WINTER HAVEN FL 33880 US</b>		Mailing Address <b>711 6TH ST N W POB 350 WINTER HAVEN FL 33881-4012</b> <i>WONG</i>	
2. Principal Place of Business 21 <b>1600 N. LAKE SHIPP</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>1600 N. LAKE SHIPP</b> Suite, Apt. #, etc. 27	
City & State 23 <b>WINTER HAVEN, FL</b> Zip 24 <b>33880</b>		City & State 28 <b>WINTER HAVEN, FL</b> Zip 29 <b>33880</b>	
County 25 <b>POLK</b>		County 30 <b>POLK</b>	
9. Name and Address of Current Registered Agent <b>MERCER, JOEL D 1600 N. LAKE SHIPP DRIVE WINTER HAVEN, FL 33880</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>			
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 <i>Joel D Mercer</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME <b>MERCER, ANTHONY D</b> 1.3 STREET ADDRESS <b>1600 N. LAKE SHIPP DR.</b> 1.4 CITY-ST-ZIP <b>WINTER HAVEN, FL 00000</b> 2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME <b>MERCER, CHARLOTTE C</b> 2.3 STREET ADDRESS <b>1600 N LAKE SHIPP DR</b> 2.4 CITY-ST-ZIP <b>WINTER HAVEN, FL 00000</b> 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME <b>PD MERCER, JOEL D</b> 3.3 STREET ADDRESS <b>1600 N LAKE SHIPP DR</b> 3.4 CITY-ST-ZIP <b>WINTER HAVEN, FL 00000</b> 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/23/1979</b>	3a. Date of Last Report <b>06/06/1996</b>
4. FEI Number <b>59-1917522</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* 8/12/97 944 703-1304

CR2E034 (4/97)