## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 622694

(8)

MERCER AGENCY, INC.

10

Principal Place of Business Mailing Address 1600 N. LAKE SHIPP DRIVE 1600 N LAKE SHIPP DRIVE WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/23/1979 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 59-1917522 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 26 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the currept year Intangible Yes □ No 24 30 Personal Property Tax due June 30. 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MERCER, JOEL D 1600 N. LAKE SHIPP DRIVE Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN, FL R 33880 Zip Code 85 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 afmiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. MERCEK SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE MERCER, ANTHONY D NAME 1.2 NAME 1600 N. LAKE SHIPP DR. STREET ADDRESS 1.3 STREET ADDRESS WINTER HAVEN, FL 00000 CITY-ST-ZIP 1.4 CiTY - ST - ZIP Addition DELETE ☐ Change TITLE 2.1 TITLE MERCER, CHARLOTTE C 2.2 NAME 1600 N LAKE SHIPP DR STREET ADDRESS 2.3 STREET ADDRESS WINTER HAVEN, FL 00000 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE MERCER, JOEL D NAME 3.2 NAME 1600 N LAKE SHIPP DR STREET ADDRESS 3.3 STREET ADDRESS WINTER HAVEN, FL 00000 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 41 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE Change Addition 61 TiTLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-\$T-ZIP

14. I 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 paraged. Or on an attachment with an address.

SIGNATURE

lor SMERCER

TOBO D MERCED

1/19/99

941-293-6904

**FILED** 

Jan 28 1998 8:00am

Secretary of State