

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

*PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 834579 (5)

1. Corporation Name

MERCANTILE PROPERTIES, INC.



Principal Place of Business

Mailing Address

% MERCANTILE STORES CO., INC.
9450 SEWARD RD
FAIRFIELD OH 45014

% MERCANTILE STORES CO., INC.
9450 SEWARD RD
FAIRFIELD OH 45014

3. Date Incorporated or Qualified

06/26/1975

3a. Date of Last Report

02/09/1995

4. FEI Number

13-2814711

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, D.
% GAYFERS
9TH AVE. & BRENT LANE
PENSACOLA FL 32504

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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	CAIN, J D	
STREET ADDRESS	9450 SEWARD RD	
CITY- ST- ZIP	FAIRFIELD OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCLYNCH, P E	
STREET ADDRESS	9450 SEWARD RD	
CITY- ST- ZIP	FAIRFIELD OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MURPHY, D.F.	
STREET ADDRESS	9450 SEWARD RD	
CITY- ST- ZIP	FAIRFIELD OH	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	MCVICKER, J M	
STREET ADDRESS	9450 SEWARD RD	
CITY- ST- ZIP	FAIRFIELD OH	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	NICHOLS, D.L.	
STREET ADDRESS	9450 SEWARD RD	
CITY- ST- ZIP	FAIRFIELD OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CARR, W A	
STREET ADDRESS	9450 SEWARD ROAD	
CITY- ST- ZIP	FAIRFIELD OH	

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 checked="" type="checkbox"/> Addition
4.2 NAME	D
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	

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 in changed form on an attachment with an address.

SIGNATURE:

William A. Carr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96
Date

(513)881-8000
Daytime Phone #

CR2E034 (12/95)