SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F00772** **(6)**

1. Corporation Name

CLAUDE E. MERRITT & SON, INC., GENERAL CONTRACTORS

Principal Place of Business	Mailing Address
1930 RIVER OAKS RD. JACKSONVILLE FL 32207	1930 RIVER OAKS RD. JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: **09/30/1980**
3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business	2a. Mailing Address
21 3644 Phillips Hwy	26 3644 Phillips Hwy
22 Suite, Apt #, etc	27 Suite, Apt #, etc.
23 Jacksonville Fla	28 Jacksonville Fla
24 Zip 32207 / 25 Country Duval	29 Zip 32207 / 30 Country Duval

4. FEI Number: **59-2046342** ☐ 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

BAKER, CAROLYN M.
1930 RIVER OAKS ROAD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: Kuba Rae Merritt
82 Street Address (P.O. Box Number is Not Acceptable): 3644 Phillips Hwy
83
84 City: Jacksonville **FL** 85 Zip Code: 32207

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: Kuba Rae Merritt Sec. — 6-17-96
Signature, typed or printed name of individual with authority to sign — (If this Registered Agent signature required when restoring) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MERRITT, CLAUDE E.		12 NAME	
STREET ADDRESS	1930 RIVER OAKS RD.		13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MERRITT, DAVID E.		22 NAME	
STREET ADDRESS	1930 RIVER OAKS RD.		23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		24 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	LUCAS, WALLACE		32 NAME	
STREET ADDRESS	5905 OVELLA ROAD		33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		34 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	MERRITT, KUBA RAE		42 NAME	
STREET ADDRESS	1930 RIVER OAKS RD.		43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		44 CITY-ST-ZIP	
TITLE	S	☒ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	BAKER, CAROLYN M.		52 NAME	
STREET ADDRESS	1930 RIVER OAKS RD.		53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		54 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	MERRITT, MELISSA M.		62 NAME	
STREET ADDRESS	1930 RIVER OAKS RD.		63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		64 CITY-ST-ZIP	

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kuba Rae Merritt — 6-17-96 — (904) 3988537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #