


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

FILED

Apr 17 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **F00772** (6)  
1. Corporation Name  
**CLAUDE E. MERRITT & SON, INC., GENERAL CONTRACTORS**

Principal Place of Business  
**3644 PHILLIPS HWY  
JACKSONVILLE FL 32207**

Mailing Address  
**3644 PHILLIPS HWY  
JACKSONVILLE FL 32207-5614**



|                                |                     |                     |                     |  |  |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>09/30/1980</b>   | 3a. Date of Last Report<br><b>07/18/1996</b>           |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>59-2046342</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 23                             | Zip                 | 28                  | Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                               |  |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |  |          |
|---|--|--|----------|
| 9. Name and Address of Current Registered Agent<br><b>MERRITT, KUBA,RAE<br/>3644 PHILLIPS HWY<br/>JACKSONVILLE FL 32207</b> |  | 10. Name and Address of New Registered Agent |          |
| 81  | Name   | 84   | City     |
| 82  | Street Address (P.O. Box Number is Not Acceptable) | 85   | Zip Code |
| 83  |  |  |          |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                   |
|----------------------------|---------------------|---|-------------------|
| TITLE                      | PD                  | 1.1 TITLE   | Pres              |
| NAME                       | MERRITT, CLAUDE E.  | 1.2 NAME  | Claude E Merritt  |
| STREET ADDRESS             | 1930 RIVER OAKS RD. | 1.3 STREET ADDRESS                                    | 902 S Oceanfront  |
| CITY-ST-ZIP                | JACKSONVILLE FL     | 1.4 CITY-ST-ZIP                                       | Jal Bch Fla 32250 |
| TITLE                      | VD                  | 2.1 TITLE   | V.P.              |
| NAME                       | MERRITT, DAVID E.   | 2.2 NAME  | David E Merritt   |
| STREET ADDRESS             | 1930 RIVER OAKS RD. | 2.3 STREET ADDRESS                                    | 904 S Oceanfront  |
| CITY-ST-ZIP                | JACKSONVILLE FL     | 2.4 CITY-ST-ZIP                                       | Jal Bch Fla 32250 |
| TITLE                      | VD                  | 3.1 TITLE   |                   |
| NAME                       | LUCAS, WALLACE      | 3.2 NAME  |                   |
| STREET ADDRESS             | 5905 OVELLA ROAD    | 3.3 STREET ADDRESS                                    |                   |
| CITY-ST-ZIP                | JACKSONVILLE FL     | 3.4 CITY-ST-ZIP                                       |                   |
| TITLE                      | TD                  | 4.1 TITLE   | Sec               |
| NAME                       | MERRITT, KUBA RAE   | 4.2 NAME  |                   |
| STREET ADDRESS             | 1930 RIVER OAKS RD. | 4.3 STREET ADDRESS                                    | 3644 Phillips Hwy |
| CITY-ST-ZIP                | JACKSONVILLE FL     | 4.4 CITY-ST-ZIP                                       |                   |
| TITLE                      | VP                  | 5.1 TITLE   |                   |
| NAME                       | MERRITT, MELISSA M. | 5.2 NAME  |                   |
| STREET ADDRESS             | 1930 RIVER OAKS RD. | 5.3 STREET ADDRESS                                    | 108 Florida Blvd. |
| CITY-ST-ZIP                | JACKSONVILLE FL     | 5.4 CITY-ST-ZIP                                       | Neptune Fla 32766 |
| TITLE                      |                     | 6.1 TITLE   |                   |
| NAME                       |                     | 6.2 NAME  |                   |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    |                   |
| CITY-ST-ZIP                |                     | 6.4 CITY-ST-ZIP                                       |                   |

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: Claude E Merritt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)