

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 MAY -1 PM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F41896** (4)

1. Corporation Name
MERSON ENTERPRISES, INC.

Principal Place of Business: **1951 PEARL STREET C/O JOHN R. GARCIA JACKSONVILLE FL 32206**

Mailing Address: **1951 PEARL STREET C/O JOHN R. GARCIA JACKSONVILLE FL 32206**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/25/1981** 3a. Date of Last Report: **06/14/1994**

4. FEI Number: **59-2152017** 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: **21**

2a. Mailing Address: **26**

22. Suite, Apt. #, etc.: **27**

23. City & State: **28**

24. Zip: **25** Country: **29** Zip: **30** Country: **30**

9. Name and Address of Current Registered Agent

**GARCIA, JOHN R
1951 PEARL ST
JACKSONVILLE FL 32206**

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when mandating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: GARCIA, JOHN F	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1951 PEARL ST	CITY-ST-ZIP: JACKSONVILLE, FL 00000	1.2 NAME	
TITLE: VP	NAME: NEWKIRK, OTELIA	1.3 STREET ADDRESS	
STREET ADDRESS: 2838 VILLAGE GROVE DRIVE	CITY-ST-ZIP: JACKSONVILLE FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	2.1 TITLE	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	2.2 NAME	
TITLE: _____	NAME: _____	2.3 STREET ADDRESS	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	3.1 TITLE	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.2 NAME	
TITLE: _____	NAME: _____	3.3 STREET ADDRESS	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	4.1 TITLE	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.2 NAME	
TITLE: _____	NAME: _____	4.3 STREET ADDRESS	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	5.1 TITLE	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.2 NAME	
TITLE: _____	NAME: _____	5.3 STREET ADDRESS	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	6.1 TITLE	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.2 NAME	
TITLE: _____	NAME: _____	6.3 STREET ADDRESS	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 807, Florida Statutes; and that my name appears in Block 1, or Block 13, if changed, or on an attachment with an address.

SIGNATURE:  (**JOHN F. GARCIA**) 4-26-95 353-6118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)