FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F68178** **(5)**

1. Corporation Name

D.M. & SONS, INC.

Principal Place of Business	Mailing Address
% WALTER DON MERRITT 4640 N WILLIAMS AVENUE CRYSTAL RIVER FL 34428	% WALTER DON MERRITT 4640 N WILLIAMS AVENUE CRYSTAL RIVER FL 34428

3. Date Incorporated or Qualified: 02/23/1982
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 5490 W. Homosassa Trail
Suite, Apt. #, etc. 22:
City & State 23: Lecanto Fl
Zip 24: 34461
Country 25: Citrus

2a. Mailing Address
26: Same as Above
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29:
Country 30:

4. FEI Number: 59-2283382 ☐ 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

MERRITT, WALTER DON
4640 N WILLIAMS AVENUE
CRYSTAL RIVER FL 32629-3447

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
Signature, Typed or printed name of registered agent and title of officer or director (NOTE: Registered Agent signature required when changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MERRITT, BARBARA ANN		1.2 NAME		
STREET ADDRESS	4640 N WILLIAMS AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MERRITT, WALTER DON		2.2 NAME		
STREET ADDRESS	4640 N WILLIAMS AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MERRITT, WALTER K		3.2 NAME		
STREET ADDRESS	6710 W. RAINHILL CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL		3.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MERRITT, DONALD K		4.2 NAME		
STREET ADDRESS	4640 N. WILLIAMS AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara A. Merritt STD 4/29/96 352-563-2759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)