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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F85081** (0)

1. Corporation Name
MERRIWETHER CIRCUIT DESIGN, INC.

Principal Place of Business	Mailing Address
40 HILL AVE. FT. WALTON BCH. FL 32548	40 HILL AVE. FT. WALTON BCH. FL 32548-3858

3. Date Incorporated or Qualified: 06/11/1982
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 727 West Sunset Blvd.	26 P.O. Box 1526
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft. Walton Beach, FL	City & State 28 Ft. Walton Bch., FL
Zip 24 32547 Country 25 USA	Zip 29 32549-1526 Country 30 USA

4. FEI Number: 59-2198875 ☐ 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	10. Name and Address of New Registered Agent
MERRIWETHER, H. ANN % MERRIWETHER CIRCUIT DESIGN, INC. 40 HILL AVE FT. WALTON BCH. FL 32548	81 Name: Merriwether, H. Ann 82 Street Address (P.O. Box Number is Not Acceptable): % Merriwether Circuit Design, Inc. 83 727 West Sunset Blvd. 84 City: Ft. Walton Bch. FL 85 Zip Code: 32547

11. Pursuant to the provisions of Section 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 _____ H. Ann Merriwether 4/9/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	11 TITLE	STD	☒ Change ☐ Addition
NAME	MERRIWETHER, CHARLES E		12 NAME	Merriwether, Charles E.	
STREET ADDRESS	257 NW SLEEPLY OAKS LN		13 STREET ADDRESS	554 Coral Court, Unit 209	
CITY-ST-ZIP	FT WALTON FL		14 CITY-ST-ZIP	Ft. Walton Bch., FL 32548	
TITLE	PD	☐ DELETE	21 TITLE	PD	☒ Change ☐ Addition
NAME	MERRIWETHER, ANN		22 NAME	Merriwether, Ann	
STREET ADDRESS	257 NW SLEEPLY OAKS LN		23 STREET ADDRESS	554 Coral Court, Unit 209	
CITY-ST-ZIP	FT WALTON FL		24 CITY-ST-ZIP	Ft. Walton Bch., FL 32548	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ Charles E. Merriwether 4/9/97 904-243-9444