FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 16 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000361 (7)

1. Corporation Name

MERRY LAND & INVESTMENT COMPANY, INC.

Principal Place of Business	Mailing Address
624 ELLIS ST. STE. #202 AUGUSTA GA 30901 US	P.O. BOX 1417 AUGUSTA GA 30903 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/20/1992

3a. Date of Last Report: 05/17/1994

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: 58-0961876 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #12		
TITLE	CD	11 TITLE	Vice President	☐ Change ☑ Addition
NAME	KNOX, PETER S III	12 NAME	Dorrie Green	
STREET ADDRESS	P.O. BOX 1417 N/A	13 STREET ADDRESS	624 Ellis Street	
CITY-ST-ZIP	AUGUSTA GA 30903	14 CITY-ST-ZIP	Augusta, GA 30901	
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	HOUSTON, W T	22 NAME		
STREET ADDRESS	P.O. BOX 1417 N/A	23 STREET ADDRESS		
CITY-ST-ZIP	AUGUSTA GA 30903	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	BARRETT, W H	32 NAME		
STREET ADDRESS	P.O. BOX 1417 N/A	33 STREET ADDRESS		
CITY-ST-ZIP	AUGUSTA GA 30903	34 CITY-ST-ZIP		
TITLE	CONT	41 TITLE		☐ Change ☐ Addition
NAME	BENTON, RONALD J	42 NAME		
STREET ADDRESS	P.O. BOX 1417 N/A	43 STREET ADDRESS		
CITY-ST-ZIP	AUGUSTA GA 30903	44 CITY-ST-ZIP		
TITLE	AV	51 TITLE		☐ Change ☐ Addition
NAME	RANDOLPH, LINDA H	52 NAME		
STREET ADDRESS	P.O. BOX 1417 N/A	53 STREET ADDRESS		
CITY-ST-ZIP	AUGUSTA GA 30903	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	BAILEY, JOSEPH P III	62 NAME		
STREET ADDRESS	P.O. BOX 1417 N/A	63 STREET ADDRESS		
CITY-ST-ZIP	AUGUSTA GA 30903	64 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: Dorrie C Green 5/11/95 726-722-6756
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478907 FP