

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 # F92000000361 (7)

1. Corporation Name

MERRY LAND & INVESTMENT COMPANY, INC.



Principal Place of Business

624 ELLIS ST.
STE. #202
AUGUSTA GA 30901
US

Mailing Address

P.O. BOX 1417
AUGUSTA GA 30903
US

3. Date Incorporated or Qualified
11/20/1992

3a. Date of Last Report
05/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

24

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29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4000001795654

83

-04726/96--01020--034

***200.00

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE

NAME GREEN, DORRIE
STREET ADDRESS 624 ELLIS ST
CITY-ST-ZIP AUGUSTA GA

1.1 TITLE COBO ☐ Change ☒ Addition

1.2 NAME KNOX, Peter S III
1.3 STREET ADDRESS 624 Ellis St.
1.4 CITY-ST-ZIP Augusta, GA 30901

TITLE PD ☐ DELETE

NAME HOUSTON, W T
STREET ADDRESS P.O. BOX 1417 N/A
CITY-ST-ZIP AUGUSTA GA 30903

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Thompson, Michael W
2.3 STREET ADDRESS 624 Ellis Street
2.4 CITY-ST-ZIP Augusta, GA 30901

TITLE SD ☐ DELETE

NAME BARRETT, W H
STREET ADDRESS P.O. BOX 1417 N/A
CITY-ST-ZIP AUGUSTA GA 30903

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Simons, Ralph S JR.
3.3 STREET ADDRESS 624 Ellis St.
3.4 CITY-ST-ZIP Augusta, GA 30901

TITLE CONT ☐ DELETE

NAME BENTON, RONALD J
STREET ADDRESS P.O. BOX 1417 N/A
CITY-ST-ZIP AUGUSTA GA 30903

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Long, Hugh C. II
4.3 STREET ADDRESS 624 Ellis St.
4.4 CITY-ST-ZIP Augusta, GA 30901

TITLE AV ☐ DELETE

NAME RANDOLPH, LINDA H
STREET ADDRESS P.O. BOX 1417 N/A
CITY-ST-ZIP AUGUSTA GA 30903

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Menny, Pierce JR
5.3 STREET ADDRESS 624 ELLIS ST
5.4 CITY-ST-ZIP Augusta, GA 30901

TITLE V ☐ DELETE

NAME BAILEY, JOSEPH P III
STREET ADDRESS P.O. BOX 1417 N/A
CITY-ST-ZIP AUGUSTA GA 30903

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Speed, Stewart R.
6.3 STREET ADDRESS 624 Ellis St.
6.4 CITY-ST-ZIP Augusta, GA 30901

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for an 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)