

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

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

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

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

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

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

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

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

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

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

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

14. I 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:

Dorrie Green

5/1/98

724-722-6756

CR2E034 (10/97)