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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400000482 (9)

MERRY SEAS, INC.

Principal Place of Business

Mailing Address

FILED May 05 1997 8:00am Secretary of State



455 E. PIKES PEAK AVENUE #305 COLORADO SPRINGS CO 80903		455 E. PIKES PEAK AVENUE #305 COLORADO SPRINGS CO 80903-\$680				
			-	3. Date Incorporated or Qualified 02/01/1994	3a. Date of Last Report 08/06/1996	
2. Principal P	lece of Business 1 EMERALD COAST	2a. Mailing Address		4. FEI Number	Applied For	
			559	84-1237620	Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt, #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 DEST		28 DESTIN	FL	Trust Fund Contribution	Added to Fees	
Zip	Country	^{Zrp} 32541	Country	or this corporation has maskly for injuring the tax and as 100.002,		
24 3254		[Ka	30 08	Florida Statutes 10. Name and Address of New Red	Yes No	
	9. Name and Address of Curren	i negistered Agent	81 Name	ID. Name and Address of New Rej	distaled Whalif	
	LES, CHARLES E		O Name			
20011 EMERALD COAST PARKWAY DESTIN FL 32540			82 Street	82 Street Address (P.O. Box Number is Not Acceptable) 83		
			02			
			(63)		1	
			84 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections C07.0502 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typod or printed name of registrered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE.						
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PCT	DELETE	1.1 TITLE		Change Addition o	
NAME	TAYLOR, MARY		1.2 NAME		2	
STREET ADDRESS	20011 EMERALD COAST PKW	Υ	1.3 STREET ADDRESS		760	
CITY-ST-ZIP	DESTIN FL		1.4 CITY - ST - ZIP) i	
TITLE	SD	DELETE	2.1 TITL€	D	Change Addition	
NAME			2.2 NAME	HILDERBRAND, JERRY R.		
STREET ADDRESS			2.3 STREET ADDRESS	455 E. PIKE PEAK AVENUE #305		
CITY-ST-ZIP	COLORADO SPRINGS CO		2. 1 CITY - ST - ZIP	COLORADO SPRINGS,	co	
TITLE		☐ DELETE	3.1 TITLE	S	Change X Addition	
NAME			3.2 NAME	MIDLIN, KIMBERLY S.	}	
STREET ADDRESS			3.3 STREET ADDRESS	20011 EMERALD COAST PAR	RKWAY	
CITY-ST-ZIP		·	3.4 CITY-ST-ZIP	DESTIN FL 32540		
TITLE		☐ DELETE	4.1 TITLE		Change	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CHY+S1-ZIP			
TITLE		☐ D€T€JE	51 THLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		☐ DELETE	61 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		6.4,C(1)Y - ST - Z(P			
14 do harel	by certify that the information supplies	d with this filing does not qualify	u for the exemption	stated in Section 119 07(3)(i). Florida Statute	e I further certify that the	

Information indicated on this annual report or supplied when his ming does not qualify in the exemption is added in Section 1.19.07(3)(i), Florida Statutes, Further certify that the information indicated on this annual report or suppliemental 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.