Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

□No

Zip Code

85

FILED Mar 23, 1999 8:00 am

Secretary of State

03-23-1999 90050 034 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999

1550 N. ELLIS RD. JACKSONVILLE FL 32205



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F98000006384

1. Corporation Name

MERLIN E. SEAMON ASSOCIATES. INC.

		A01116	
Principal Place of Business	Mailing Address		
1510 BROADWAY LITTLE ROCK AR 72202	1510 BROADWAY LITTLE ROCK AR 72202		DO NOT WRITE IN THIS SPACE
,			3. Date Incorporated or Qualifed
			11/20/1998
2. Principal Place of Business	2a. Mailing Address		4. FEI Number
21	26		72-1220994
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
City & State	City & State		6. Election Campaign Financing \$5. Trust Fund Contribution Add
	ountry Zip	Country 30	8. This corporation owes the current year Intangible Personal Property Tax.
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent
TIERRA VERDE INC.		81 Name	, , , , , , , , , , , , , , , , , , ,

Fl 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.

82

83

84 City

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change [] Addition 1.1 TITLE ☐ DELETE TITI F PCD 1.2 NAME NAME SEAMON, MERLIN E #1 YACHT CLUB DRIVE STREET ADDRESS 1.3 STREET ADDRESS LITTLE ROCK AR 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 2.1 TITLE ROBERTSON, MARK 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS #1 YACHT CLUB DRIVE CITY-ST-ZIP LITTLE ROCK AR 2.4 CITY-ST-ZIP ☐ Addition Change □ DELETE 3.1 TITLE TITLE 32 NAME SEAMON, SUE NAME #1 YACHT CLUB DRIVE 3.3 STREET ADDRESS STREET ADDRESS LITTLE ROCK AR 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 contribution indicated on this annual report or supplemental annual contribution indicated on this annual report or supplemental annual contribution indicated on this annual report or supplemental annual contribution indicated on this annual report or supplemental annual contribution indicated on this annual report or supplemental annual contribution indicated on this annual report or supplemental annual contribution 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 of true 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 of true 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 of true 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 of true 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 of true 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 of true true and accurate and that my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect stee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the anaddress, with all other like empowered. Block 12 or Block 13 if changed, or on

SIGNATURE:

MRED

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

2F034 /11/98