SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **G03271** **(5)**

1. Corporation Name
MERRILL-LYONS, INC.

Principal Place of Business
5270 SW 97TH DR
GAINESVILLE FL 32608

Mailing Address
5270 SW 97TH DR
GAINESVILLE FL 32608

3. Date Incorporated or Qualified: **10/05/1982**
3a. Date of Last Report: **03/07/1995**

2. Principal Place of Business
21 2731 NW 41st Street
22 Suite, Apt. #, etc: Suite B-3
23 City & State: Gainesville, FL
24 Zip: 32606
25 Country: Alachua

2a. Mailing Address
26 2731 NW 41st Street
27 Suite, Apt. #, etc: Suite B-3
28 City & State: Gainesville FL
29 Zip: 32606
30 Country: Alachua

4. FEI Number: **59-2262358** 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
PUGH, MERRILL
9323 SW 53RD LANE
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent
81 Name: Carl L. Johnson
82 Street Address (P.O. Box Number is Not Acceptable): 2731 N.W. 41st Street
83 Suite B-3
84 City: Gainesville FL 85 Zip Code: 32606

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: Carl L. Johnson — Signature, Type or Print Name of Registered Agent and Title if Applicable: Carl L. Johnson — (NOTE: Registered Agent signature required when entered in Item 10) — DATE: 6/17/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PUGH, MERRILL L.	
STREET ADDRESS	9323 SW 53RD LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	☐ DELETE
NAME	LYONS, HAROLD	
STREET ADDRESS	5222 SW 97TH WAY	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/17/96 — Date — 352 ~~904~~-335-6868 — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)