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	Mailing Address
5270 SW 97TH DR GAINESVILLE FL 32608	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	2a. Mailing Address
21 2731 NW 41st Street	26 2731 NW 41st Street
Suite, Apt. #, etc 22 Suite B-3	Suite, Apt. #, etc 27 Suite B-3
City & State 23 Gainesville, FL	City & State 28 Gainesville FL
Zip 24 32606 Country 25 Alachua	Zip 29 32606 Country 30 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 — Carl L. Johnson — 6/17/96
Signature, type or print name of Registered Agent and title if applicable — (NOTE: Registered Agent signature required when name changed) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PUGH, MERRILL L.		1.2 NAME	
STREET ADDRESS	9323 SW 53RD LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LYONS, HAROLD		2.2 NAME	
STREET ADDRESS	5222 SW 97TH WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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