| CO | RPORATION | | P . | PARTIMENT OF STATE | ALT R | OVED | |
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| ANN | UAL REPORT | | 76° | ra B. Mortham etary of State | FIL | ED | |
| | 19955 | 92 F | 508 grvision | F CORPORATIONS | | [2][[本]] 사고 | |
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| OCUMENT # G11874 (6) | | | | | | | |
| MERIT INSULATION, INC. | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| ncipal Place | e of Business | | Mailing Address | | | | |
| 1T 3 BOX 146 RT 3 BOX 146 | | | | | | | |
| PO BOX 857 PO BOX 857 MACCLENNY FL 32063 MACCLENNY FL 3206 | | | | 3 | DO NOT WRITE IN THIS SPACE. 3. Date incorporated or Qualified 3a. Date of Last Report | | |
| | | | | | 12/06/1982 | 02/04/1994 | |
| Principal P | lace of Business | | 2a. Mailing Address | | 4. FEI Number | | olied For |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | 59-2246272 | 60 75 . | Applicable dditional |
| | | | 27 | | 5. Certificate of Status Desired | Fee Rec | quired |
| City & Stat | 6 | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 to Added to | |
| 75p |) c | cuntry | Zip | Country | 8. This corporation has liability for | intangible tax under S. 13 | |
| | 25 | | 29 | 30 | Florida Statutes Yes | □ No | |
| | a. Name and A | Address of Current I | negistered Agent | 81 Name | 10. Name and Address of New F | ieflisteien Whellt | |
| JOHNS. | WALTER D. | | | 82 Street Add | ress (P.O. Box Number is Not Acceptab | ole) | |
| RT 3 BO | X 146 | | | | | | ··· |
| MACCLE | NNY FL 32063 | | | 83 | | | |
| 174 10000 | | | | | | | |
| Pursuant or registe | red agent, or both, i | in the State of Florida. | nd 607.1508, Florida Stat. Such change was author n 607.0505, Florida Statute | ized by the corporation's boa | oration submits this statement for the pur ard of directors, I hereby accept the app | FL 85 Zip C pose of changing its regioniment as registered ag | stered offic |
| Pursuant or registe tamiliar w | red agent, or both, i ith, and accept the | in the State of Florida. | . Such change was author n 607.0505, Florida Statute d the if application | Ites, the above-named corporation's boa | ard of directors. I hereby accept the app | pose of changing its regional information as registered ag | stered offici jent. I am |
| Pursuant or registe familiar w | red agent, or both, ith, and accept the Shyruture typed or printer | in the State of Florida obligations of, Section of the State of the St | . Such change was author n 607.0505, Florida Statute d the if application | utes, the above-named corporated by the corporation's boays. | ard of directors, I hereby accept the app | pose of changing its regional information as registered ag | stered officient. I am |
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