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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G36146

1. Corporation Name

. J.H. MERRELL CONSTRUCTION COMPANY, INC.

					W			
Principal Place of Business Mailing Address						(125111120211112111111111111111111111111		
930 ORANGE A PO BOX 7005.	VENUE DAYTONA BCH SHORES 32116	930 ORANGE AVE PO BOX 7005. DAYTONA BCH SHORES 32116 DAYTONA BEACH FL 32114			32116	DO NOT WOITE	IN THIS SDACE	
DAYTONA BEAC	CH FL 32114					DO NOT WRITE IN THIS SPACE		
		US				3. Date Incorporated or Qualifed		
		, saniin Add				04/27/1983 4. FEI Number		Applied For
2. Principal P	lace of Business	2a. Mailing Add	ress			1 "		Not Applicable
21		26 Suite Ast t	+ ata			59-2332076		Additional
Suite, Apt.	#, etc.	Suite, Apt. #	+, e tc.			5. Certifcate of Status Desired	1 '	Required
City & Stat	e	City & State)			6. Election Campaign Financing	⇒ \$5.0	May Be
23		28				Trust Fund Contribution	Adde	to Fees
Zip	Country 25	Zip 29	30	Country	,	This corporation owes the current Personal Property Tax.	t year Intangible ☐ Yes	□No
4	9. Name and Address of Curre				*******	10. Name and Address of New Reg	istered Agent	
				81	Name			
MERRELL, JOHN				82	82 Street Address (P.O. Box Number is Not Acceptable)			
930 ORANGE AVENUE			62	Sileet Auc	GIESS (F.O. DOX NUMBER IS NOT ACCEPTABLE	.,		
DAYTONA BEACH FL 32114				83				
				94	City		85 Zi	o Code
				84	City		FL ° ° 2	Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig-	of Florida, Such char	nge was autho	nized by	the corporat	poration submits this statement for the pulion's board of directors. I hereby accept the	rpose of changing i he appointment as	ts registered registered
GIGNATORE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Reg	istered Ager	nt signature requi	red when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD		DELETE	1.1 TITLE			☐ Chang	e Addition
NAME	MERRELL, JOHN H.			1.2 NAME				
STREET ADDRESS	2322 SOUTH HALIFAX DR 13		1.3 STREE	T ADDRESS				
CITY+ST-ZIP	<u> </u>		1.4 CITY-S	T-ZIP			F 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE	☐ DELETE 2.1		2.1 TITLE			☐ Chang	e 🗍 Addition	
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREE	TADDRESS			
CITY-ST-ZIP				2. 4 CITY-5	ST-ZIP			
TITLE	DELETE 3.			3.1 TITLE		· - ·	- Chang	e Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	TADDRESS			
CITY-ST-ZIP			DELETE	3 4. CITY-5	ST-ZIP			a D Addition
TITLE			DELETE	4.1 TITLE			☐ Chang	e
NAME .				4. 2 NAME	}			
STREET ADDRESS			•		TADDRESS			ļ
CITY-ST-ZIP				4.4 CITY-5	T-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 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 attach per with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TTLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

☐ Change

☐ Change

☐ Addition

☐ Addition

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90037 003 ***150.00