## 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 # **H36182**

1. Corporation Name

MERRITT & MASON PROFESSIONAL ASSOCIATION

## FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90089 042 \*\*\*150.00

Principal Plac	e of Business	Mailing Addre							<b>a</b> (	
101 SOUTH MAIN STREET 101 SOUTH MAIN STREET										
BROOK\$VILLE	FL 34601	BROOKSVILLE	FL 34601				DO NOT WRIT	E IN THIS	SPACE	
							3. Date Incorporated or Qualifed 12/31/1984			
2. Principal P	Place of Business	2a. Mailing Address					4. FEI Number		A	pplied For
21		26					59-2475352		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desired			Additional equired
City & Stat	te	City & State					6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip		Coui	ntry		8. This corporation owes the curre	ent year Int		Norfa :
24	25	29		30			Personal Property Tax.		Yes	No
	9. Name and Address of Currer	nt Registe <u>red Ager</u>	nt		81	Name	10. Name and Address of New R	egistered i	-gent	
MAS	SON, JOSEPH M. JR.				١,	Name				
101 SOUTH MAIN STREETT				i	82	Street Addr	ess (P.O. Box Number is Not Accepta			
	OKSVILLE FL 34601				83					
5,10	0101122 12 0 100 1				63					
					84	City			85 Zip	Code
		4500 5					and an automate this statement for the		honging its	- registered
office or I	registered agent or both in the State.	of Florida. Such ch	ange was at	uthorized	bv 1	the corporation	oration submits this statement for the on's board of directors. I hereby accep	t the appoir	ntment as re	egistered
agent. I a	im familiar with, and accept the obliga	ations of, Section 60	7.0505, Flor	nda Statu	ites.	•	•			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if annicable	(NOTE:	Registered	Agen	t signature require	d when reinstating)	DATE		
12.		ND DIRECTORS	(NOTE.	13.	Agui	it aignature raquito	ADDITIONS/CHANGES TO OFF		D DIRECTO	ORS IN 12
TITLE	DPT		DELETE	1.1 TIT	LE.				Change	Addition
NAME	MASON, JOSEPH M. JR.			1.2 NA	ME					
STREET ADDRESS	404 COUTH MAIN CTREET		1.3		1.3 STREET ADDRESS					
CITY-ST-ZIP	BROOKSVILLE FL			1.4 CIT						
TITLE	DVS		DELETE	2.1 TIT				,	Change	Addition
NAME	MERRITT, DANIEL B. SR.			2.2 NA	ME					
STREET ADDRESS	404 COLITIC MAIN CEDEET			2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	BROOKSVILLE FL			2. 4 CI	TY-S	T-ZIP				
TITLE			DELETE	3.1 TIT					☐ Change	Addition
NAME				3.2 NA	ME					
STREET ADDRESS				3.3 ST	REET	ADDRESS				
CITY-ST-ZIP				3.4. CI					•	
TITLE			DELETE	4.1 TIT	LE				☐ Change	Addition
NAME				4. 2 NA	WE	r				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			•	4.4 CIT						
TITLE			DELETE	5.1 TIT				<del></del>	☐ Change	☐ Addition
NAME	1			5.2 NA	ME	-	•			
STREET ADDRESS				5.3 ST	REET	ADDRESS				
CITY-ST-ZIP	i .						<del></del>			
				5.4 CIT	Y-ST	r-zip	<del>.</del>			
TITLE			DELETE	5.4 C/T 6.1 T/T		r-ZIP			Change	Addition
NAME			DELETE	_=	LE	r-zip			Change	Addition
			DELETE	6.1 T/T 6.2 NA	LE ME	ADDRESS			Change	Addition

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 the 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 comporation 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 or an attachner) with an address, with all other like empowered.

SIGNATURE:

SREQUIOSEPH M. Mason, Jr.

(352) 796-0795