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 # K02920 (2)

1. Corporation Name

MERITCO, INC.

Principal Place of Business	Mailing Address
3876 OAK GROVE DRIVE SARASOTA FL 34243	3876 OAK GROVE DRIVE SARASOTA FL 34243

3. Date Incorporated or Qualified: 11/17/1987
3a. Date of Last Report: 05/10/1995
4. FEI Number: 65-0287815 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 9011 MIDNIGHT PASS RD.	26 9011 MIDNIGHT PASS RD.
Suite, Apt #, etc: 22 UNIT #531	Suite, Apt #, etc: 27 UNIT #531
City & State: 23 SARASOTA, FL 34242	City & State: 28 SARASOTA, FL 34242
Zip: 24 34242 Country: 25 SARASOTA	Zip: 29 34242 Country: 30 SARASOTA

9. Name and Address of Current Registered Agent

DOWNS, BERNARD F.
3876 OAK GROVE DRIVE
SARASOTA FL 34234

10. Name and Address of New Registered Agent

81 Name: DOWNS, BERNARD F.
82 Street Address (P.O. Box Number is Not Acceptable): 9011 MIDNIGHT PASS RD.
83 UNIT #531
84 City: SARASOTA FL 85 Zip Code: 34242

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: BERNARD F. DOWNS DATE: 7/22/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	DOWNS, BERNARD F.	
STREET ADDRESS	3876 OAK GROVE DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PS	☐ DELETE
NAME	DOWNS, BERNARD F.	
STREET ADDRESS	3876 OAK GROVE DRIVE	
CITY-ST-ZIP	SARASOTA FL	
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	PT	☒ Change ☐ Addition (ADDRESS)
1.2 NAME	DOWNS, BERNARD F.	
1.3 STREET ADDRESS	9011 MIDNIGHT PASS RD UNIT #531	
1.4 CITY-ST-ZIP	SARASOTA, FL 34242	
2.1 TITLE	PS	☒ Change ☐ Addition (ADDRESS)
2.2 NAME	DOWNS, BERNARD F.	
2.3 STREET ADDRESS	9011 MIDNIGHT PASS RD. UNIT #531	
2.4 CITY-ST-ZIP	SARASOTA, FL 34242	
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		

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: [signature] 7/22/96 941-349-2269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone