

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. McPherson  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K05177** (6)

1. Corporation Name  
**BILLIE J. MERRITT, P.A.**



Principal Place of Business: **445 E. NELSON AVE. DEFUNIAK SPGS. FL 32433 US**  
Mailing Address: **445 E. NELSON AVE. DEFUNIAK SPGS. FL 32433 US**

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25 Country	30 Country

3. Date Incorporated or Organized	3a. Date of Last Report
<b>12/03/1987</b>	<b>05/01/1995</b>
4. FEI Number	Applied For
<b>59-2862978</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent  
**MERRITT, BILLIE J.  
2 WEST NELSON AVE.  
DEFUNIAK SPGS. FL 32433**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	<b>445 E. Nelson Ave.</b>
84. State	<b>FL</b>
85. Zip Code	<b>32433</b>

11. Pursuant to the provisions of Sections 607.0902 and 607.1504, Florida Statutes, the above named corporation certifies 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. The entity accepted the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0904, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
2. NAME	<b>MERRITT, BILLIE J.</b>	
3. STREET ADDRESS	<b>445 E. NELSON AVE.</b>	
4. CITY-STATE-ZIP	<b>DEFUNIAK SPRINGS FL</b>	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY-STATE-ZIP	
29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME	
31. STREET ADDRESS	
32. CITY-STATE-ZIP	
33. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME	
35. STREET ADDRESS	
36. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary furnished and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the manager or trustee designated 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 attached sheet with an address.

SIGNATURE: *Billie J. Merritt* Billie J. Merritt 4/11/96 (904) 892-0852  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Filing

CR2E034 (12/95)