

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K07671 (6)

1. Corporation Name

MERCURY INTERIOR CONTRACTORS, INC.



Principal Place of Business

118 BONNIE BRIAR LANE
DELRAY BEACH FL 33444

Mailing Address

118 BONNIE BRIAR LANE
DELRAY BEACH FL 33444

2164 SAN REMO WAY

2164 SAN REMO WAY

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
DELRAY BCH., FL

26 Suite, Apt. #, etc.
DELRAY BCH., FL

22 City & State
33445

27 City & State
33445

23 Zip
USA

28 Zip
USA

24 Country
USA

29 Country
USA

9. Name and Address of Current Registered Agent

MEADE, JOHN S., III
118 BONNIE BRIAR LN.
DELRAY BEACH FL 33444

3. Date Incorporated or Qualified

12/17/1987

3a. Date of Last Report

04/14/1995

4. FEI Number

59-2862520

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

10. Name and Address of New Registered Agent

81 Name SAME → JOHN S. MEADE III

82 Street Address (P.O. Box Number is Not Acceptable)

83 2164 SAN REMO WAY

84 City
DELRAY BCH.

85 Zip Code
FL 33445

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: [Signature] PRESIDENT JOHN S. MEADE III

1-28-96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1.1 TITLE
NAME MEADE, JOHN S., III
1.2 STREET ADDRESS
118 BONNIE BRIAR LN.
1.3 CITY-ST-ZIP
DELRAY BCH. FL

1.4 CITY-ST-ZIP

1.5 CITY-ST-ZIP

1.6 CITY-ST-ZIP

1.7 CITY-ST-ZIP

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1.26 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed), or on an attachment with an address.

SIGNATURE: [Signature] JOHN S. MEADE III PRESIDENT

1-28-96 407
499-1078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)