

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**

CHANGE of ADDRESS
2. Principal Place of Business: **2964 SAN REMO WAY DELRAY BCH, FL 33445**
2a. Mailing Address: **2964 SAN REMO WAY DELRAY BCH, FL 33445**
21. Suite, Apt. #, etc.: **FL**
22. City & State: **DELRAY BCH, FL**
23. Zip: **33445**
24. Country: **USA**

3. Date Incorporated or Qualified: **12/17/1987**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **59-2862520**
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

9. Name and Address of Current Registered Agent
**MEADE, JOHN S., III
118 BONNIE BRIAR LN.
DELRAY BEACH FL 33444**

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): **2964 SAN REMO WAY**
83 City: **DELRAY BCH, FL** 85 Zip Code: **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** DATE: **1-28-96**

12. OFFICERS AND DIRECTORS
1.1 TITLE: **DPS** DELETE
1.2 NAME: **MEADE, JOHN S., III**
1.3 STREET ADDRESS: **118 BONNIE BRIAR LN.**
1.4 CITY-ST-ZIP: **DELRAY BCH. FL**
2.1 TITLE: DELETE
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE: DELETE
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE: DELETE
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: DELETE
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: DELETE
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: **SAME - JOHN S MEADE III** Change Addition
1.2 NAME:
1.3 STREET ADDRESS: **2964 SAN REMO WAY**
1.4 CITY-ST-ZIP: **DELRAY BCH, FL. 33445**
2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
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:

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** DATE: **1-28-96** DAYTIME PHONE #: **407 499-1078**

CR2E034 (12/95)