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 # K76410 (5)

1. Corporation Name

MERRILL H. FOWLER, INC.

Principal Place of Business

57 HOMESTEAD RD
LEHIGH FL 33936
US

Mailing Address

16150 BAY POINTE BLVD
CONDON B-107
N FORT MYERS FL 33917
US

3. Date Incorporated or Qualified: 03/29/1989

3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0109384 ☐ 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

21

Suite, Apt #, etc.

22

City & State

23

Zip 24 Country 25

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip 29 Country 30

9. Name and Address of Current Registered Agent

FOWLER, MERRILL
105 GATESIDE STREET
LEHIGH FL 33936

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	FOWLER, MERRILL H.	
STREET ADDRESS	105 GATESIDE STREET	
CITY-ST-ZIP	LEHIGH FL	
TITLE	MT	☐ DELETE
NAME	O'DELL, GAIL M.	
STREET ADDRESS	732 GOLDROCK ROAD	
CITY-ST-ZIP	LEHIGH FL	
TITLE	V	☐ DELETE
NAME	FOWLER, FAYE H.	
STREET ADDRESS	105 GATESIDE STREET	
CITY-ST-ZIP	LEHIGH FL	
TITLE	D	☐ DELETE
NAME	FOWLER, JEFFREY M.	
STREET ADDRESS	105 GATESIDE STREET	
CITY-ST-ZIP	LEHIGH FL	
TITLE	D	☐ DELETE
NAME	SMITH, AMY F.	
STREET ADDRESS	2215 EAST 6TH STREET	
CITY-ST-ZIP	LEHIGH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/28/96 941-369-6165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)