1999

MERLIN'S BOOKS, INC.

1. Corporation Name

**DOCUMENT # K79774** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am **Secretary of State** 

03-22-1999 90141 009 \*\*\*150.00

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Mailing Address Principal Place of Business 2568 E FOWLER AVE 2568 E FOWLER AVE 2568 E FOWLER AVE TAMPA FL 33612 DO NOT WRITE IN THIS SPACE US TAMPA FL 33612 . 3. Date Incorporated or Qualifed 04/10/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2568 E. Fowler A 59-2967909 Not Applicable 26 5ame \$8.75 Additional Suite, Apt, #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 Country Zip 8. This corporation owes the current year Intangible XNo Personal Property Tax. 30 **\** 29 10. Name and Address of New Registered Agent s of Current Registered Agent 81 Name CLEAR, DEBRA J Street Address (P.O. Box Number is Not Acceptable) 82 1813 N RIVERHILLS DR TEMPLE TERRACE FL 33617 Zip Code 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Addition ☐ Change **PSD** DELETE 1.1 TITLE TITLE CLEAR, DEBRA J 1.2 NAME NAME 1813 N RIVERHILLS DR STREET ADDRESS 1.3 STREET ADDRESS TEMPLE TERRACE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 2.1 TITLE CLEAR, RICHARD NAME 2.2 NAME 2568 E FOWLER AVE 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Addition DELETE □ Change 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TTLE 4,2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

CR2E034 (11/98)