

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90083 018 ***150.00

DOCUMENT # L04931

1. Corporation Name

MERRILL LYNCH TRUST COMPANY

Principal Place of Business

4800 DEER LAKE DR E
BLDG 3. 2ND FLOOR
JACKSONVILLE FL 32246
US

Mailing Address

4800 DEER LAKE DR E
BLDG 3. 2ND FLOOR
JACKSONVILLE FL 32202
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1990

4. FEI Number

22-3053804

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

QUINN, FRANCIS S.
4804 DEER LAKE DR. EAST
2ND FLOOR
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name

Jeffrey Langenderfer

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

3/30/99

DATE

Signature and printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE
NAME CHAMBERS, DAVID W.
STREET ADDRESS P. O. BOX 9049 N/A
CITY-ST-ZIP PRINCETON NJ

TITLE D ☐ DELETE
NAME EMERSON, WILLIAM A.
STREET ADDRESS 3050 82ND WAY NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE
NAME HALL, EDWIN H, JR.
STREET ADDRESS 624 CONCORD LANE
CITY-ST-ZIP HOLMES BEACH FL

TITLE D ☐ DELETE
NAME MIDDLETON, DAVID J.
STREET ADDRESS 50 NORTH LAURA ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE DP ☐ DELETE
NAME ENGELHARDT, JO ANN
STREET ADDRESS 249 ROYAL PALM WAY
CITY-ST-ZIP BOCA RATON FL

TITLE DC ☐ DELETE
NAME CORRIGAN, HAROLD
STREET ADDRESS 249 ROYAL PALM WAY
CITY-ST-ZIP BOCA RATON FL

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 D
6.3 STREET ADDRESS
6.4 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

Date

609-282-1001

Daytime Phone #

CR2E034 (1/1/98)

0041236