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AND
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95 APR 25 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L58255

(5)

1. Corporation Name

MERMAID MARINE CORPORATION

Principal Place of Business

1812 TENNESSEE AVE.
LYNN HAVEN FL 32444

Mailing Address

1812 TENNESSEE AVE.
LYNN HAVEN FL 32444

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/13/1990

3a. Date of Last Report

04/14/1994

2. Principal Place of Business

21 1012 SEAGULL LN.

2a. Mailing Address

26 1012 SEAGULL LN.

4. FEI Number

59-3042234

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 LYNN HAVEN, FL.

27 City & State

28 LYNN HAVEN, FL.

24 Zip Country

24 32444 USA

29 Zip Country

29 32444 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERRICK, DENNIS A.
1012 SEAGULL LANE
LYNN HAVEN FL 32444

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 reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
MERRICK, DENNIS A
1012 SEAGULL LANE
LYNN HAVEN FL

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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)(b), 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 this 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95

(904) 265-4012