FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:21

DOCUMENT # **M67578** **(8)**

1. Corporation Name
MERKLE SALES & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5286 DELTONA BLVD. SPRING HILL FL 34606	5286 DELTONA BLVD. SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1988
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21 11412 CORINTHIAN ST
22 Suite, Apt. #, etc.
23 City & State: SPRING HILL, FL.
24 Zip: 34609
25 Country: HERNANDO

2a. Mailing Address
26 11412 CORINTHIAN ST
27 Suite, Apt. #, etc.
28 City & State: SPRING HILL, FL
29 Zip: 34609
30 Country: HERNANDO

4. FEI Number: 59-2871583 ☐ 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

9. Name and Address of Current Registered Agent

MERKLE JR., CHARLES W.
5286 DELTONA BLVD.
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 11412 CORINTHIAN ST
83
84 City: SPRING HILL FL 85 Zip Code: 34609

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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☒ Change ☐ Addition
NAME	MERKLE JR., CHARLES W.	12 NAME	
STREET ADDRESS	5286 DELTONA BLVD.	13 STREET ADDRESS	11412 CORINTHIAN ST
CITY-ST-ZIP	SPRING HILL FL	14 CITY-ST-ZIP	SPRING HILL, FL. 34609
TITLE	VT	21 TITLE	☒ Change ☐ Addition
NAME	MERKLE, REBA M.	22 NAME	
STREET ADDRESS	5286 DELTONA BLVD.	23 STREET ADDRESS	11412 CORINTHIAN ST
CITY-ST-ZIP	SPRING HILL FL	24 CITY-ST-ZIP	SPRING HILL, FL. 34609
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: X Charles W. Merkle 3/27/95 904 6865186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0348610 CP