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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P15715 (6)

1. Corporation Name
MERKERT LABORATORIES, INC.

Principal Place of Business
500 TURNPIKE STREET
CANTON MA 02021

Mailing Address
500 TURNPIKE STREET
CANTON MA 02021-3788



3. Date Incorporated or Qualified
08/26/1987

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Attn: Michael S. Gold

2a. Mailing Address

26 Attn: Michael S. Gold

4. FEI Number
04-2969357

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MERKERT, EUGENE F.
STREET ADDRESS 2359 S OCEAN BLVD
CITY-ST-ZIP HIGHLAND BCH FL ☐ DELETE

1.1 TITLE Asst. S ☐ Change ☒ Addition
1.2 NAME Michael S. Gold
1.3 STREET ADDRESS 6 Hawthorne Road
1.4 CITY-ST-ZIP Lexington, MA 02173

TITLE VT
NAME ROGERS, SIDNEY
STREET ADDRESS 11 DAY STREET
CITY-ST-ZIP NORFOLK MA ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME CASSORLA, EDWARD
STREET ADDRESS 40 BRISTOL RD
CITY-ST-ZIP W. NEWTON MA ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME CRANE, ROBERT Q
STREET ADDRESS 7 MOUNTVIEW ROAD
CITY-ST-ZIP WELLESLEY MA ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME LEONARD, GERALD
STREET ADDRESS 339 FAR REACH ROAD
CITY-ST-ZIP WESTWOOD MA ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V
NAME CHIPMAN, KENETH D.
STREET ADDRESS 31 ROBIN ROAD
CITY-ST-ZIP NORFOLK MA ☐ DELETE

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael S. Gold, Asst. Clerk 1/16/97

Date

(617) 828-4800

CR2E034 (9/96)