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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 PM 11:32

DOCUMENT # **P32485** **(5)**

1. Corporation Name
MERCER PRODUCTS COMPANY, INC.

Principal Place of Business	Mailing Address
37235 STATE ROAD 19 UMATILLA FL 32784	P O BOX 1240 EUTIS FL 32726 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
01/15/1991	04/22/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	22-3061500	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CFOT	1.1 TITLE	☐ Change ☐ Addition
NAME	FINNEY, LARRY J.	1.2 NAME	
STREET ADDRESS	37235 STATE RD 19	1.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	1.4 CITY-ST-ZIP	
TITLE	VPSD	2.1 TITLE	☐ Change ☐ Addition
NAME	RIORDAN, THOMAS J.	2.2 NAME	
STREET ADDRESS	ONE WOODLAWN GREEN STE 240	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTT NC	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	RING, JOHN D	3.2 NAME	
STREET ADDRESS	ONE WOODLAWN GREEN STE 240	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PITTAS, JOHN F.	4.2 NAME	
STREET ADDRESS	ONE WOODLAWN GREEN STE 240	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☑ Change ☐ Addition
NAME	VADEN, MICHAEL T.	5.2 NAME	
STREET ADDRESS	9935 INDUSTRIAL DRIVE 37235 S.R. 19	5.3 STREET ADDRESS	
CITY-ST-ZIP	PINEVILLE NC Umatilla FL 32784	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☑ Addition
NAME	Rodger PRC	6.2 NAME	
STREET ADDRESS	One Woodlawn Green Suite 240	6.3 STREET ADDRESS	
CITY-ST-ZIP	Charlotte NC 28217	6.4 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: M.T. Vaden M.T. VADEN 3/29/95 404-643-0850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046600 CP