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May 14 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 # P93000001092 (4)

1. Corporation Name
MERRILL CONSULTING, INC.

Principal Place of Business

3501 WEST VINE STREET
SUITE 326
KISSIMMEE FL 34741
US

Mailing Address

3501 WEST VINE STREET
SUITE 326
KISSIMMEE FL 34741-4848
US



3. Date Incorporated or Qualified
01/01/1983

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 2445 Berkshire Ct

2a. Mailing Address

26 2445 Berkshire Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Kissimmee, FL

City & State

28 Kissimmee FL

Zip

24 34746

Country

25 Osceola

Zip

29 34746

Country

30 Osceola

4. FEI Number

59-3157035

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing

☐

\$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

WAKEFIELD, S. CRAIG
920 W. EMMETT STREET
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name

Wakefield S. Craig

82 Street Address (P.O. Box Number is Not Acceptable)

1400 West Oak Street

83

Suite A

84 City

Kissimmee

FL

85 Zip Code

34741

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME MERRILL, TIMOTHY R
STREET ADDRESS 2445 BERKSHIRE COURT
CITY-ST-ZIP KISSIMMEE FL 34748

TITLE VS ☐ DELETE

NAME MERRILL, MAUREEN A
STREET ADDRESS % 2445 BERKSHIRE COURT
CITY-ST-ZIP KISSIMMEE FL 34748

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 a business address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 (407) 944-1995

Date

Daytime Phone #

CR2E034 (9/96)