

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 3: 52

DOCUMENT # P93000029521 (0)

1. Corporation Name

MERRITTECH CORP.

Principal Place of Business

Mailing Address

**3773 CENTRAL AVENUE
STE A422
ST. PETERSBURG FL 33713
US**

**3773 CENTRAL AVENUE
SUITE A422
ST. PETERSBURG FL 33713
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/19/1993

3a. Date of Last Report

03/10/1994

4. FEI Number

59-3177399

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WINEBRENNER, J M
3773 CENTRAL AVENUE
STE. A412
ST. PETERSBURG FL 33713**

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 of _____ Registered Agent and Director (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 **PLUMER, DOUGLAS R**
STREET ADDRESS **4239 FOREST AVENUE**
CITY- ST- ZIP **PEDAUCAH KY 42001**

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS **4447 Pines Rd**
14 CITY- ST- ZIP

TITLE **SD**
NAME **PLUMER, ALISON**
STREET ADDRESS **4239 FOREST AVENUE**
CITY- ST- ZIP **PEDAUCAH KY 42001**

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS **4447 Pines Rd**
24 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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 110.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Douglas R. Plumer* **DOUGLAS R. PLUMER S-22-95 813-327-1202**

SIGNATURE AND TYPE ON PRINTED NAME OF VOUCHING OFFICER OR DIRECTOR

Date

Signature (Please Print)