

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90138 044 ***150.00

0004604 AV

DOCUMENT # P93000057685

1. Entity Name

MERIT INC. OF BAKER COUNTY

Principal Place of Business

**ROUTE 3, BOX 146
 MACCLENNY FL 32063**

Mailing Address

**P.O. BOX 1374
 MACCLENNY FL 32063
 US**

2. Principal Place of Business

5565 Cherrytree Avenue

3. Mailing Address

Post Office Box 1374

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Macclenny, Florida

City & State

Macclenny, Florida

4. FEI Number

59-3199817

Applied For

Not Applicable

Zip

32063

Country

U.S.A.

Zip

32063

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**JOHNS, WALTER D
 ROUTE 3, BOX 146
 MACCLENNY FL 32063**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **HINSON, LARRY C**
 STREET ADDRESS **ROUTE 3, BOX 146**
 CITY-ST-ZIP **MACCLENNY FL 32063**

TITLE **PD** ☐ Delete
 NAME **JOHNS, WARREN D**
 STREET ADDRESS **RT 3 BOX 146**
 CITY-ST-ZIP **MACCLENNY FL**

TITLE **SD** ☐ Delete
 NAME **PARISH, L E**
 STREET ADDRESS **RT 3 BOX 146**
 CITY-ST-ZIP **MACCLENNY FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Walter D. Johns
WALTER D. JOHNS

Walter D. Johns 01/28/2002 904-259-8471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)