

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000057685

1. Entity Name  
MERIT INC. OF BAKER COUNTY



Principal Place of Business  
667 HAWKEYE RD  
MACCLENNY, FL 32063

Mailing Address  
P.O. BOX 1374  
MACCLENNY, FL 32063 US



03212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3199817	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

JOHNS, WALTER D  
667 HAWKEYE RD  
MACCLENNY, FL 32063

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HINSON, LARRY C
STREET ADDRESS	667 HAWKEYE RD
CITY-ST-ZIP	MACCLENNY, FL 32063

TITLE	PD
NAME	JOHNS, WALTER D
STREET ADDRESS	667 HAWKEYE RD
CITY-ST-ZIP	MACCLENNY, FL 32063

TITLE	
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U000000924845  
05/20/08-80001-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter D. Johns PRES. April 23, 2008 (904) 259-8471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #