FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

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CITY-ST-ZIP



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 01 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

P93000072310 (4) DOCUMENT #

PAUL MERCER ENTERPRISES, INC. Principal Place of Business Mailing Address 9890 117TH RD 9690 177TH RD LIVE OAK FL 32080 LIVE OAK FL 32080 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/11/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3208851 21 26 Not Applicable Sulte, Apt. #, etc. Suite Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 29 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name MERCER PAUL RT-780X94 9690-1774 Rd 82 Street Address (P.O. Box Number is Not Acceptable) LIVE OAK FL 32060 83 64 City Zip Code 85 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, lyped or printed name of registered agent and to ei^{ϵ} applicable (NOTE Registered Agent signature required when reinstalling) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition TITLE 1.1 TITLE NAME 1.2 NAME NT. 7, 80×81 9690-17745 STREET ADDRESS 13 STREET ADDRESS LIVE OAK FL 32060 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITL€ MERCER, DEBORAH NAME 2.2 NAME 11.7,80x94 9690 - 1774 Rd STREET ADDRESS 2.3 STREET ADDRESS LIVE OAK FL 32080 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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. 41.-100

6.4 CITY - ST - ZIP 14. 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