

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 4: 03

DOCUMENT # P94000050423 (0)

1. Corporation Name
MERMAID MANUFACTURING OF SOUTHWEST FLORIDA, INC.

Principal Place of Business
1171 N. TAMiami TRAIL
NORTH FORT MYERS FL 33939

Mailing Address
1171 N. TAMiami TRAIL
NORTH FORT MYERS FL 33939

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/05/1994

3a. Date of Last Report

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
65-050-3792

Applied For
 Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing
Trust Fund Contribution
 \$5.00 May Be Added to Fees

Zip
24

Country
25

Zip
29

Country
30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUNDERSON, GISELA M
1171 N. TAMiami TRAIL
NORTH FORT MYERS FL 33939

81 Name

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

83

84 City

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 must be printed name of registered agent and his or her address)

(NOTE: Registered Agent caption required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
GUNDERSON, GISELA M
1171 N. TAMiami TRAIL
NORTH FORT MYERS FL 33939

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
GUNDERSON, CHARLES G
1171 N. TAMiami TRAIL
NORTH FORT MYERS FL 33939

7 TITLE
8 NAME
9 STREET ADDRESS
10 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

15 TITLE
16 NAME
17 STREET ADDRESS
18 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

19 TITLE
20 NAME
21 STREET ADDRESS
22 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

23 TITLE
24 NAME
25 STREET ADDRESS
26 CITY, ST, ZIP

Change Addition

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 139.07(3)(b), 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 person or person empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 23 if changed, or on an attachment with an address.

SIGNATURE: *Gisela M Gunderson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/95 (813) 656-3553