

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90015 002 ***150.00

DOCUMENT # **P94000056686**

1. Corporation Name

MERRITT GLASS COMPANY, INC.

Principal Place of Business

**2420-2 EXECUTIVE PLAZA DR
PENSACOLA FL 32504**

Mailing Address

**P.O. BOX 30640
PENSACOLA FL 32503-1640
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1994

4. FEI Number

59-3247866

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4139 N DAVIS HWY

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24 32503 25

2a. Mailing Address

Suite, Apt. #, etc.

27 City & State

28

Zip Country

29 30

9. Name and Address of Current Registered Agent

**MERRITT, KENNETH L JR
2420-2 EXECUTIVE PLAZA DR
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81 Name

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

4139 N DAVIS HWY

83

84 City **Pensacola**

FL

85 Zip Code **32503**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MERRITT, KENNETH L JR**
STREET ADDRESS **2420-2 EXECUTIVE PLAZA DR**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **4139 N DAVIS HWY**
1.4 CITY-ST-ZIP **PENSACOLA FL 32503**

2.1 TITLE **SECRETARY & TREASURER** ☐ Change ☒ Addition
2.2 NAME **MERRITT KAYE**
2.3 STREET ADDRESS **4139 N DAVIS HWY**
2.4 CITY-ST-ZIP **PENSACOLA, FL 32503**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/99 (850) 434-1668

CR2E034 (11/98)