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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Jan 16 1997 8:00am

Secretary of State

(96/6)

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

City-SI-79

SIGNATURE:

DOCUMENT # P95000069899 (9)

MERRIMAC INVESTMENTS. INC.

Mailing Address Principal Place of Business 200 EXEC WAY 200 EXEC WAY PONTE VEDRA BEACH FL 32082-2711 PONTE VEDRA BEACH FL 32082 3a. Date of Last Report 3. Date Incorporated or Qualified 09/05/1995 07/16/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3336318 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Country Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KIRSCHNER, MAIN, GRAHAM, TANNER & DEMONT ONE INDEPENDENT DRIVE SUITE 2000 62 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 83 Zip Code 84 City 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. Lam farmurar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Type For print diffiame of regiences a agree and title Eapphindon. (NOTE: Registered Agent is gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 11 THUE TITLE ODUM, W G JR 1.2 NAME NAME 200 EXEC WAY 1.3 STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 1.4 CITY - ST - ZIP CHY-SI-ZE Change . Addition DELETE 2.1 TITLE Tille 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIF DELETE Change Addition 3 1 11TLE THE 3.2 NAM8 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY - SY - ZIP CITY - ST DELETE Change ___ Addition 4.1 TITLE 11718 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHIY-ST-ZIP City - ST - 7IP Change DELETE Addition 5.1 TITLE THILF **5.2 NAME** NAME 5.3 STREET ADDRESS SUBJECT ADDRESS 5.4 CITY-ST-7P OTY ST-205 Change Addition DELETE 6 1 TITLE HILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS

6.4 CITY - ST- ZIP

Table of the composition of the corporation of the

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the

INTEL NAME OF SIGNING OFFICER OR DIRECTOR