## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State Opporations ANNUAL REPORT 1996 S-/4 95000095926 (8) DOCUMENT # Corporation Name MERKER & FATHER, INC. Principal Place of Business Mailing Address 609 75TH STREET NORTH 609 75TH STREET NORTH ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 3a. Date of Last Report 3. Date Incorporated or Qualified 12/19/1995 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing City & State \$5.00 May Be $\Box$ Trust Fund Contribution 23 Added to Fees 28 Žίρ Country Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KASSOS, JOHN E Street Address (P.O. Box Number is Not Acceptable) 82 2205 TYRONE BLVD., NORTH 83 ST. PETERSBURG FL 33710 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. 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 it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 12 DELETE Addition Change TITLE 1 1 TITLE MERKER, ARTHUR M DR. 1.2 NAME **CR2E034** NAME 609 75TH STREET NORTH 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33710 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2 1 TITLE Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY - ST - ZIP DELETE ☐ Change ☐ Addition 3 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS 3.4 CITY - ST-ZIP DITY-ST-ZIP DELETÉ Addition 4. 1 TITLE THUE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIF C DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ DELETE 6 1 TITLE 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 119.07(3)(k). 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 eath; that I am an officer or director of the comparation 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 thinged, or an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96

813 -347-8257