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

PROFIT CORPORATION ANNUAL REPORT

1**9**98

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jun 25 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000079954 (9)

MERCHANT'S ENTERPRISES, INC.

Principal Place of Business Mailing Address 47 GULF BREEZE PKWY 47 GULF BREEZE PKWY **GULF BREEZE FL 32561 GULF BREEZE FL 32561** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0702957 21 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name MERCHANT, JEANNE E 628 BAYCLIFF RD 62 Street Address (P.O. Box Number is Not Acceptable) GULF SREEZE FL 32561 83 Zip Code City 11. Pursuant to the processors of Sections C07 0502 and C07, 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. Land familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (N/311 Registered Agent signature required when relinstating) 12 OFFICERS AND DIRECTORS DELLIE HILE Change \_\_\_ Addition 1.1 1000 MERCHANT, JEANNE E NAME 1.2 NAME **628 BAYCLIFF RD** STREET ADDRESS 1.3 STREET ADDRESS **GULF BREEZE FL 32561** CITY - ST - ZIP 1.4 C(1Y - S1 - ZIF DELETE Change Addition Tr1L€ 2.1 TILLE MERCHANT, MICHELE L NAME 2.2 NAME 3362 BREENBRIAR CIRCLE #B STREET ADDRESS 2.3 STHEET ADDRESS **GULF BREEZE FL** CITY-ST-ZIP 2 4 City-St-ZiE DELETE 3 1 11111 Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34 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 - 7IP DELETE Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZiP 5.4 CITY-S1-ZIP DETETE ☐ Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

14. Thereby 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 supplied entertal 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if chapterd, or on an attrictment with an addition

6.3 STREET ADDRESS