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

PROFIT CORPORATION ANNUAL REPORT

1998



IT ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000067394 (1)

MERRITT ENTERPRISES OF NORTH FLORIDA, INC.

FILED Sep 11 1998 8:00am/ Secretary of State



Principal Plac	ce of Business	ig Address								
RT 2. BOX 388-M RT 2. BOX 388-M										
WESTVILLE FL 32464 WESTVILLE FL 32464							DO NOT WRITE IN THI S S PACE			
							3. Date Incorporated or Qualified			
-							08/05/1997			
2. Principal F	lace of Business	2a. N	Mailing Address				4. FEI Number		Applied For	
21		26	ioning race case				31-1576561	ff	Not Applicable	
Suite, Apt	#. etc		uite. Apt. #, etc.						Additional	
22	., •	27					5. Certificate of Status Desired		Required	
City & Stat	0		ity & State		_		6. Election Campaign Financing	\$5.0	0 May Be	
23		28	•				Trust Fund Contribution		d to Fees	
Zip	Country		ıp	Countr	У.		8. This corporation owes or has paid the curre			
24	25	29		30					□ No	
	9, Name and Address of Curr		red Agent	1001			10. Name and Address of New Registered Ag	gent		
МЕ	RRITT, JAMES T			81	ıŢ	Name				
	2, BOX 388-M				1					
WESTVILLE FL 32464				82	82 Street Address (P.O. Box Number is Not Acceptable)					
***	SO WILLE I'L OF 104			83	3					
				Į.]_					
				84	1	City	FL	85 Zi	p Code	
A	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		47.00 Far-ide C4-1	1 2 2 2 2 2	Ţ			<u> </u>	ite sections of	
office or i	registered agent, or both, in the Sta	ite of Florida	Such change was	authorized b	y 1	the corporal	poration submits this statement for the purpose of calion's board of directors. I hereby accept the appoi	ntment a	is registered	
	un termilar wijn, and accept the oci	iganons oi, e	1,600001 100 10005, 1	nonua statute	8.					
SIGNATURE	Stanstano typed or printed name of registered a	anent and trie V a	unlicable (NC	Off Booistered An	1001	d signature cegui	ured when reinstating) ()ATE			
12.	OFFICERS A			13.	,		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTO	ORS IN 12	
TITLE	JAINES MERLAITT,	PRESiden	₽ DITETE	1.1 TOLE					Addition	
NAME	Street Medical		-	1.2 NAME		- 1				
STREET ADDRESS	RT 2 BOX 388121			1 3 STRFE		anneess				
CITY-ST-7IP	WOSTCILLE PL 32	J.C.V		14 CITY-:						
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NAME	Ahunda R MONA	Y 7	23	2.2 NAME		1	_			
STREET ADDRESS	RT 2 BOX 388M	•/		2.3 STREE		Proces	•			
		Me I								
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			F1 Detect	3.2 NAME			L	origings	· Lu roungii	
NAME				J		I CONTRACT				
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TITLE	}		DELETE	4.1 1111.6		}	L	Change	: Addition	
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NAME				5.2 NAME						
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CITY-ST-7IP	<u> </u>			54 CITY-:	ş١٠	· ZIP				
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NAME				G 2 NAME			10 0002637 7 7	1	√√,	
STREET ADDRESS				6.3 STREE	1 A	(DDRESS	-09/11/980109302 9	}	1000	
DITY-ST-ZIP				6.4 C(TY-			***150.00		-1	
	L				***					

14. I hereby certily 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 of 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.

(2)

M. C. Quaid & Co., Inc.

ACCOUNTANTS 200 \$. COMMERCE - P.O. BOX 507 - GENEVA - AL 36340 (334) 684-6398

> Florida Department of State Division of Corporations Annual Reports Filing P O Box 6327 Tallahassee, Fl. 32314

August 8, 1998

The enclosed report was only recently received by the company. Apparently it was delayed in the mail. We ask that the penalty be abated because of late delivery of form. Company is in it's first year as a corporation and was not aware of this requirement until they received the form.

M.C. Quaid & Co., Ane. M.C. QUAID & CO., INC.