

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90414 001 ***300.00

DOCUMENT # **P98000048911**



1. Entity Name
MERRICK CONSTRUCTION SERVICES, INC.

Principal Place of Business
**10 ARTHUR DRIVE
LYNN HAVEN FL 32444**

Mailing Address
**10 ARTHUR DRIVE
LYNN HAVEN FL 32444**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0905620**

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDANIEL, GRADY W
10 ARTHUR DRIVE
LYNN HAVEN FL 32444**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TANNEHILL, JOSEPH K	
STREET ADDRESS	3060 30 COURT	
CITY-ST-ZIP	PANANA CITY FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	TANNEHILL, PATRICIA S	
STREET ADDRESS	3060 30 COURT	
CITY-ST-ZIP	PANANA CITY FL 32405	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCDANIEL, GRADY W	
STREET ADDRESS	10 ARTHUR DRIVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MALLORY, TIM	
STREET ADDRESS	10 ARTHUR DRIVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Grady W. McDaniel, VP*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03 850 2717820
Date Daytime Phone #

CR2E034 (10/02)