


FILED
May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000050870

1. Corporation Name

VIRGOS MERLOT MERCHANDISING, INC.

Principal Place of Business

1539 FERNANDO DRIVE
TALLAHASSEE FL 32303

Mailing Address

1539 FERNANDO DRIVE
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1998

4. FEI Number

59-3499124

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐
Trust Fund Contribution**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2418 N. MONROE ST

2a. Mailing Address

26 2418 N. MONROE ST

Suite, Apt. #, etc.

22 140

Suite, Apt. #, etc.

27 140

City & State

23 Tallahassee Fla

City & State

28 Tallahassee, Fla.

Zip

24 32303

Country

25 USA

Zip

29 32303

Country

30 US

9. Name and Address of Current Registered Agent

HANDON, JEFF
1539 FERNANDO DRIVE
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name 2418 N Monroe Street

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

83 #140

84 City

Tallahassee

FL

85 Zip Code

32303

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHARLTON, JOHN D	
STREET ADDRESS	P.O. BOX 20346 N/A	
CITY-ST-ZIP	TALLAHASSEE FL 32316	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HESTLA, BRETT A	
STREET ADDRESS	P.O. BOX 20346 N/A	
CITY-ST-ZIP	TALLAHASSEE FL 32316	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEDBETTER, TERRY W	
STREET ADDRESS	P.O. BOX 20346 N/A	
CITY-ST-ZIP	TALLAHASSEE FL 32316	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DICKERSON, CHISTOPHER E	
STREET ADDRESS	P.O. BOX 20346 N/A	
CITY-ST-ZIP	TALLAHASSEE FL 32316	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARCHANT, JASON T	
STREET ADDRESS	P.O. BOX 20346 N/A	
CITY-ST-ZIP	TALLAHASSEE FL 32316	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED JASON MARCHANT

Date

Daytime Phone #

4/30/99 850-383-181

CRZE034 (1/98)