FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # S0932	28 (3)			
•	IERRILL INVESTMENTS, II	NC.			
Principal Place	of Business	Mailing Address			SOM BARIE OLORE CHOM BIOLE EVENE COOM 1020
4300 BAYOU BLVD STE 14		P. O. BOX 710 PENSACOLA FL 32593			
PENSACOLA US	FL 32503	US		3. Date Incorporated or Qualified 09/17/1990	3a. Date of Last Report 05/01/1995
2. Principal Pla 21	ce of Business	2a. Mailing Address 26		4. FEI Number 59-3027906	Applied For Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country 25	Zip	Country 30	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under s. 199.032,
24	9. Name and Address of Curre	<u></u>	001	10. Name and Address of New R	egistered Agent
			81 Name		
MERRILL	., J. COLLIER		82 Street Add	ress (P.O. Box Number is Not Acceptab	ie)
5001 GRANDE, #824			430		1 Ste 14
PENSACOLA FL 32504			83	,	
			84 City P	ensacola	FL 85 Zip Code 32.503
11. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	the above-named corny	oration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its registered office
or registere familiar wit	ed agent, or both, in the State of Fid h, and accept the obligations of, Se	ction 607.0505, Florida Statutes.	by the corporation's box	ard of directors. Thereby accopt the appe	Sintrion as registeres agent vari
SIGNATURE					
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE ND DIRECTORS	Registered Agent signature requirement 13.	ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTORS IN 12
12. TITLE	PTD	DELETE	1. 1 TITLE	TIDDITION OF THE CONTROL OF THE CONT	Change Addition
NAME	MERRILL, J. COLLIER	•			
STREET ADDRESS	5001 GRANDE, #824		1.3 STREET ADDRESS	1300 Bayon Blue	1. Stc 14
CITY+ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	1300 Bayon Blue Pensocoly FL	32 <i>50</i> 3
TILE		☐ DELETE	2 1 TITLE		Change Addition
NAME :			22 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY - ST - ZIP			2.4 CITY - ST - ZIP		
TITLE		DELETE	3. 1 TITLE		☐ Change ☐ Addit:on
NAME			3 2 NAME		
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THILE		Dett	4. 1 TITLE 4.2 NAME		C svenge C vice in
NAME			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-SI-ZIP		
CITY+ST-ZIP TITLE		DELETE	5 1 TITLE		Change Addition
NAME		<u>u</u>	5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		OZYOVIA Florido Osta to a 14 of
44 I do hereb	w certify that the information supplie	d with this filing is voluntarily furnis	ned and does not qualify	for the exemption stated in Section 119	.ບ/ (ວ)(K), Florida Statutes, I Turtner

roo nereby certify that the information supplied with this statutes. Turther 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.

SIGNATURE:

4-24-96 (904)474-3805