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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90079 012 \*\*\*150.00

## DOCUMENT # V12975

D. W. MERCER, INC.

				***					
Principal Place	e of Business	Ma	ling Address						
545 13TH AVE.	<b>S</b> .		13TH AVE. S.						
			NAPLES FL 34102				DO NOT WRITE IN THE	S SPACE	
U\$ U\$							3. Date Incorporated or Qualifed	O OF MOE	
							02/10/1992		
2 Drivering D	loce of Business	200	Mailing Address				4. FEI Number	ΙΔn	plied For
-¬	lace of Business	}— <u> </u>	Mailing Address				65-0313244	-	ot Applicable
Suite, Apt.	# ata	26)	Suite, Apt. #, etc.				<u> </u>	\$8.75	
22	<b>,</b>	27	Conte, rept. 17, Gio.	-	•		5. Certificate of Status Desired	Fee Re	-
City & Stat			City & State			<del></del>	6. Election Campaign Financing	\$5.00	May Be
<b>−</b> η ΄		28	,				Trust Fund Contribution	Added 1	
23   Zip	Country		Zip	Cou	ntry		8. This corporation owes the current year li	ntangible	
24	25	29		30			Personal Property Tax.	ŬYes	™No
	9. Name and Address of Current		ered Agent	11			10. Name and Address of New Registered	í Agent	
					81	Name			1
	CER, DONALD W.				82	Stroot Adde	ess (P.O. Box Number is Not Acceptable)		
545 13TH AVENUE SOUTH					62	•	ess (F.O. DOX Number is Not Acceptable)		
Ņapi	LES FL 33940				83				
					-		<del></del>	as Zin	Codo
					84	City	F	85 Zip	Code
office or r	registered agent, or both, in the State of the mailiar with, and accept the obligated agents	of Floridations of	a, Such change was a Section 607.0505, Flo	authorized orida Stat	i by t utes.	the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	egistered
			positionable (MOTE	- Degretared	Agent		d when reinstation) DATE		
12	_ <del></del>		<del></del> _		Agent	signature required	d when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
12.	OFFICERS AN		<del></del> _	. 13.		signature required	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
TITLE	OFFICERS AN		CTORS	1.1 TI	TLE	signature required	3,		
TITLE NAME	OFFICERS AN D MERCER, DONALD W.		CTORS	1.1 TI 1.2 N	TLE AME		3,		
TITLE NAME STREET ADDRESS	OFFICERS AND D MERCER, DONALD W. 545 13TH AVENUE SOUTH		TORS	1.1 T/ 1.2 N/ 1.3 S7	TLE AME TREET	ADDRESS	3,		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AN D MERCER, DONALD W.		TORS	1.1 T/ 1.2 N/ 1.3 S7	TLE AME TREET.	ADDRESS	3,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D MERCER, DONALD W. 545 13TH AVENUE SOUTH		CTORS  DELETE	13. 1.1 TI 1.2 No 1.3 ST 1.4 CI 2.1 TI	TLE AME TREET. TY-ST	ADDRESS	3,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN D MERCER, DONALD W. 545 13TH AVENUE SOUTH NAPLES FL		CTORS  DELETE	13. 1.177 1.2 N 1.3 ST 1.4 CI 2.1 TI 2.2 N	TLE AME TREET. TY-ST- TLE AME	ADDRESS - ZIP	3,	☐ Change	☐ Addition
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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 attacpment with an address, with all other like empowered.

**SIGNATURE:**