

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

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** V26067  
1. Corporation Name  
MERMAID LAUD CORP.

Principal Place of Business Mailing Address  
5886 DARLENE ST.  
WEEKI WACHEE GDWS, FL 34607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3/92	3a. Date of Last Report 4/94
4. FEL Number 5923116065	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
24 Zip	29 Country
25 Country	30 Zip

9. Name and Address of Current Registered Agent  
MYROW C. LINCOLN JR  
5386 DARLENE ST.  
WEEKI WACHEE GDWS FL 34607

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature hand or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Puckett	12 NAME	
STREET ADDRESS	P.O. Box 1681	13 STREET ADDRESS	
CITY, ST, ZIP	Bowling Rock V.P. 28605	14 CITY, ST, ZIP	
TITLE	Kenneth Selegioni Vice Pres.	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3943 ARTHUR AVE	22 NAME	
STREET ADDRESS	SEAFORD NY 11783	23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE	MAUREEN McDEWITT Vice Pres	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1810 HARINER DR, #307	32 NAME	
STREET ADDRESS	TALPON SPRINGS FL 34689	33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE	SECT. TREAS.	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYROW C. LINCOLN JR	42 NAME	
STREET ADDRESS	1810 HARINER DR	43 STREET ADDRESS	
CITY, ST, ZIP	TALPON SPRINGS FL 34689	44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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\*\*\*\$225.00 \*\*\*\$225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Myrow C. Lincoln Jr Date: 5/8/95 Design: 904 597-2151  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR