

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V26067 (1)**

1. Corporation Name  
**MERMAID LAND DEVELOPMENT, INC.**



Principal Place of Business: **5386 DARLANE ST. WEEKI WACHEE FL 34607 US**  
Mailing Address: **5386 DARLANE ST. WEEKI WACHEE FL 34607 US**

3. Date Incorporated or Qualified: **04/03/1992**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-3116065**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**LINCOLN, MYRON C. JR.  
5386 DARLANE ST.  
WEEKI WACHEE 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 **FL** 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 typed or printed name of registered agent and their address: \_\_\_\_\_  
Printed Registered Agent's name and address, including: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>ST</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>LINCOLN, MYRON C JR</b> STREET ADDRESS: <b>1810 MARINER DRIVE #307</b> CITY-ST-ZIP: <b>TARPON SPRINGS FL 34689</b>	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: <b>LINCOLN MYRON C JR</b> 1.3 STREET ADDRESS: <b>P.O. Box 630</b> 1.4 CITY-ST-ZIP: <b>ARIPPELA FL 34679</b> <b>N/A</b>
TITLE: <b>V</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>MCDEVITT, MAUREEN</b> STREET ADDRESS: <b>47 PEMBROOK DR.</b> CITY-ST-ZIP: <b>MINCOLA NJ 11501</b>	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: <b>MCDEVITT, MAUREEN</b> 2.3 STREET ADDRESS: <b>9482 MISSISSIPPI RUN</b> 2.4 CITY-ST-ZIP: <b>BLOOKSVILLE FL 34613</b>
TITLE: <b>P</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>PUCKETT, RICHARD W</b> STREET ADDRESS: <b>12501 SPRING HILL DR.</b> CITY-ST-ZIP: <b>SPRING HILL FL 34609</b>	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: <b>Pockett, Richard</b> 3.3 STREET ADDRESS: <b>P.O. Box 1681</b> 3.4 CITY-ST-ZIP: <b>Blowing Rock N.C</b> <b>N/A</b>
TITLE: <b>V</b> <input type="checkbox"/> DELETE	NAME: <b>SERGIACOMI, KENNETH</b> STREET ADDRESS: <b>3843 ARTHUR AVE</b> CITY-ST-ZIP: <b>SEAFORD, N Y</b>	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME: STREET ADDRESS: CITY-ST-ZIP:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME: STREET ADDRESS: CITY-ST-ZIP:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:

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\*\*\*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)(k), 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 my address.

SIGNATURE: *Myron C. Lincoln Jr* **MYRON C. LINCOLN JR** 5/22/96 352-597-9557  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Printed

CR2E034 (12/95)