

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 34607-1511  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

LINCOLN, MYRON C. JR.  
5386 DARLANE ST.  
WEEKI WACHEE FL 34607

3. Date Incorporated or Qualified

04/03/1992

3a. Date of Last Report

06/20/1996

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

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
ST  
LINCOLN, MYRON C JR  
PO BOX 630 N/A  
CITY-ST-ZIP  
ARIPEKA FL 34679

TITLE ☐ DELETE

NAME  
V  
MCDEVITT, MAUREEN  
STREET ADDRESS  
9482 MISSISSIPPI RUN  
CITY-ST-ZIP  
BROOKSVILLE FL 34613

TITLE ☐ DELETE

NAME  
P  
PUCKETT, RICHARD W  
STREET ADDRESS  
PO BOX 1681 N/A  
CITY-ST-ZIP  
BLOWING ROCK NC

TITLE ☐ DELETE

NAME  
V  
SERGIACOMI, KENNETH  
STREET ADDRESS  
3843 ARTHUR AVE  
CITY-ST-ZIP  
SEAFORD, N Y

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

*Myron C. Lincoln*

*Myron C. Lincoln*

CR2E034 (9/96)