

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  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90111 010 \*\*\*150.00

DOCUMENT # V26067

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1992

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

McDevitt, Maureen

82 Street Address (P.O. Box Number is Not Acceptable)

5386 Darlane St

83

84 City

Weeki Wachee FL

85 Zip Code

34607

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

Maureen McDevitt

(NOTE: Registered Agent signature required when re-registering)

DATE

2/10/99

12. OFFICERS AND DIRECTORS

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	LINCOLN, MYRON C JR	
STREET ADDRESS	PO BOX 630 N/A	
CITY-ST-ZIP	ARIPEKA FL 34679	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCDEVITT, MAUREEN	
STREET ADDRESS	9482 MISSISSIPPI RUN	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PUCKETT, RICHARD W	
STREET ADDRESS	PO BOX 1681 N/A	
CITY-ST-ZIP	BLOWING ROCK NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SERGIACOMI, KENNETH	
STREET ADDRESS	3843 ARTHUR AVE	
CITY-ST-ZIP	SEAFORD, N Y	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 attachment with an address, with all other like empowered.

SIGNATURE:

Maureen McDevitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-5979551

CR2E034 (11/98)