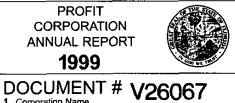
PROFIT CORPORATION ANNUAL REPORT 1999

MERMAID LAND DEVELOPMENT, INC.

Corporation Name



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



| Principal Place of Business Mailing Address | | | | | | I 1901 Official cidin bliff dolla buill ibor andli dibil didil didil didil didil | |
|---|--|---------------------------------------|----------------------|-------------------|---|--|-----------|
| 5386 DARLANE | ST. | 5386 DARLANE ST. | ARLANE ST. | | | | |
| WEEKI WACHEE | | WEEKI WACHEE FL 34607 | | | | DO NOT WRITE IN THIS SPACE | |
| US US | | | | | - | DO NOT WRITE IN THIS SPACE | \neg |
| | | | | | | 3. Date Incorporated or Qualifed | |
| 4 B 1 B | 10 | 2a. Mailing Address | | _ | | 04/03/1992 4. FEI Number Applied For | 7 |
| | lace of Business | <u> </u> | | | | 59-3116065 Not Applicable | \exists |
| Suite, Apt. | # oto | Suite, Apt. #, etc. | | | | \$8.75 Additional | ┨ |
| 22 Suite, Apr. | , etc. | 27 | | | | 5. Certificate of Status Desired Fee Required | |
| City & Stat | - معمدال يعتزي الميار الأسر المستع يساده | City & State | | | | 6. Election Campaign Financing S5.00 May Be | 7 |
| 23 | | 28 | · · | -4 | | Trust Fund Contribution Added to Fees | |
| Zip | Country | | | | | 8. This corporation owes the current year Intangible | |
| 24 | 25 | 29 | 0 | | | Personal Property Tax. Yes No | ╛ |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New Registered Agent | 4 |
| | | | 8 | 11 Name | 140 | eu III, Maureen | 1 |
| · · | OLN, MYRON C. JR. | | 8 | 2 Street | Addres | ss (P.O. Box Number is Not Acceptable) | 7 |
| 5386 DARLANE ST. | | | L | | reet Address (P.O. Box Number is Not Acceptable) 5386 DRULLIEST | | |
| WEE | KI WACHEE FL 34607 | | 8 | 3 | | | |
| | • | | 18 | 4 City | | et wachee FL FL 85 34607 | ┪ |
| | | | | | | | ╛ |
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized. | | | | | corpora | ation submits this statement for the purpose of changing its registered | |
| agent. I a | egistered agent, or both, in the State on familiar with, and accept the obligati | ions of, Section 607.0505, Florid | a Statute |); | , auon | | |
| SIGNATURE | MAUROEN LE DOC | 2.1丁 ✓ | - () , | RUIS | 121 | 28) / Miller Second 2/10/99 | - |
| | Signature, typed or printed name of registered agent | · · · · · · · · · · · · · · · · · · · | | gent signature re | equired w | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | \dashv |
| 12. | OFFICERS AND | D DIRECTORS | 13. | | | Change Addition | _ |
| TITLE | ST | W JELEN | 1.1 TITLE | | | | |
| NAME. | LINCOLN, MYRON C JR | | 1.2 NAM | | | | |
| STREET ADDRESS | PO BOX 630 N/A | | | ET ADDRESS | | , | 1 |
| CITY-ST-ZIP | ARIPEKA FL 34679 | ☐ DELETE | 1.4 CITY 2.1 TITU | | | ☐ Change ☐ Additio | n |
| TITLE | MODELETT MANIDEEN | | 2.2 NAM | İ | | | |
| NAME | MCDEVITT, MAUREEN | | | | | | |
| STREET ADDRESS | 9482 MISSISSIPPI RUN | | | ET ADDRESS | | المستقول الرابي والمنافض والمنتان والمنافض والمن | 1 |
| CITY-ST-ZIP | BROOKSVILLE FL 34613 | DELETE | 3.1 TITLE | /_ST-ZIP | | ☐ Change ☐ Additio | 'n |
| TITLE NAME | PUCKETT, RICHARD W | _ 5222.5 | 3.2 NAM | | | | |
| STREET ADDRESS | PO BOX 1681 N/A | | | ET ADDRESS | | | |
| | BLOWING ROCK NC | | 3.4. CITY | ì | | | |
| CITY-ST-ZIP TITLE | V | ☐ DELETE | 4.1 TITLE | | | Change Additio | n |
| NAME | SERGIACOMI, KENNETH | | 4. 2 NAM | | | | |
| STREET ADDRESS | 3843 ARTHUR AVE | | | ET ADDRESS | | | |
| CITY-ST-ZIP | SEAFORD, N Y | | 4.4 CITY | | | | 1 |
| TITLE | <u> </u> | ☐ DELETE | 5.1 TITL | | | ☐ Change ☐ Additio | n |
| NAME: | | | 5.2 NAM | | | | |
| STREET ADDRESS | | | 5.3 STRE | EET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY | -ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITL | = | | ☐ Change ☐ Additio | n |
| NAME | | | 6.2 NAM | E | | | |
| STREET ADDRESS | | | 6.3 STR | EET ADDRESS | | | |

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 Chaple 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP