

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90111 010 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V26067

1. Corporation Name
MERMAID LAND DEVELOPMENT, INC.



DO NOT WRITE IN THIS SPACE

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

4. FEI Number
59-3116065

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
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

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

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 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** *Maureen McDevitt* 2/10/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

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	BROOKVILLE 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)(f), 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** *Maureen McDevitt* 2/10/99 352-5979551
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)