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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V59425 1. Corporation Name

STREET ADDRESS

MERRILL	. Road, I	INC.							•			
		_										
Principal Place	e of Business	s	N	Mailing Address								
8011 MERRILL I				011 MERRILL RD								
JACKSONVILLE FL 32277-799 JACKSONVILLE FL 32277-799 US US					-799	,			DO NOT WRITE	IN THIS S	PACE	
US			U	5					3. Date Incorporated or Qualifed			
									08/24/1992			1
2. Principal Pl	lace of Rusin		2:	a. Mailing Address					4. FEI Number			pplied For
21	iace of busin	1633	26	1 ~ ~					59-3140078			lot Applicable
Suite, Apt.	# etc	_	20	Suite, Apt. #, etc.					<u> </u>	_		Additional
22			27	27					5. Certifcate of Status Desired		7	Required
City & State				City & State					6. Election Campaign Financing		\$5.00	May Be
23			28]					Trust Fund Contribution		•	to Fees
Zip		Country		Zip	-	Country	,		8. This corporation owes the curren	it year Intar	ngible	
24		25	29]	30				Personal Property Tax.		Yes	□No
	9. Name	and Address o	of Current Regi	istered Agent					10. Name and Address of New Reg	gistered A	gent	
						81	Nan	10				
	TH, CHRIS					82	Stre	et Addre	ss (P.O. Boy Number is Not Acceptable	le)		
	STATE RO	DAD 52				02	82 Street Address (P.O. Box Number is Not Accept					
SUIT						83						
HUD	ISON FL 34	1667				9.4	City				85 Zip	Code
						84	City			FL	[65] Zip	Code
11. Pursuant	to the provis	ions of Sections	607.0502 and	607.1508, Florida Stat	utes, th	he abov	e-nam	ed corpo	ration submits this statement for the purion submits this statement for the purion submits accept to	irpose of cl	hanging it	s registered
office or re	egistered ag	ent, or both, in th	he State of Flor he obligations o	ida. Such change was of, Section 607.0505, F	author Iorida S	rized by Statutes	the co	rporation	n's board of directors. I hereby accept t	the appoint	ment as r	egisterea
\						Olatatos	,.					1
SIGNATURE		or printed name of reg						re required	when reinstating)	DATE		
SIGNATURE	Signature, typed	or printed name of reg		e if applicable. (NO	TÉ: Regis			re required	when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND		
SIGNATURE	Signature, typed	or printed name of reg OFFIC	gistered agent and title	e if applicable. (NO	TÉ: Regis	stered Ager		erequired		CERS AND	DIRECT	
SIGNATURE	Signature, typed	or printed name of reg OFFIC	gistered agent and title	e if applicable. (NO	TÉ: Regis	stered Ager		erequired		CERS AND		
SIGNATURE 12. TITLE	PSD SMITH, C 7223 S.R.	or printed name of reg OFFIC CHRIS . 52, STE. 1	gistered agent and title	e if applicable. (NO	TE: Regis	stered Ager 13.	nt signati			CERS AND		
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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:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP