2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 18, 2006 8:00 am Secretary of State DOCUMENT # V59942 04-18-2006 90090 011 ***150.00 1. Entity Name F. J. V. MERGE, INC. Principal Place of Business Mailing Address 600 N. 14TH STREET QUINCY FL 32351 2111 WEST JEFFERSON STREET QUINCY FL 32351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3141967 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HINSON, ALEXANDER L Street Address (P.O. Box Number is Not Acceptable) 121 N. MADISON STREET QUINCY FL 32351 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition VICKERS, DON NAME NAME STREET ADDRESS 102 S.E. 1ST STREET STREET ADDRESS CITY-ST-ZIP HAVANA FL 32333 CITY-ST-ZIP VP/D TITLE ☐ Defete ☐ Change ☐ Addition JOHNSON, GEORGE E NAME NAME STREET ADDRESS 2111 W JEFFERSON ST STREET ADDRESS CITY-ST-7IP QUINCY FL 32351 CITY-ST-ZIP SANDRA S. Flether Trange 600 N. 14th ST Quincy, Fl. 32351 Delete TĮT) F TSD NAME FLETCHER, E. HENTZ JR. STREET ADDRESS STREET ADDRESS 600 N. 14TH STREET City-ST-ZiP CITY-ST-7/P QUINCY FL 32351 TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP UUF □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an att ment with an address, with all other like empowered. Vice president 4-6-2006 627-9201
RECTOR Date Daylora Priore +

SIGNATURE:

FILED