

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V59942

1. Entity Name

F. J. V. MERGE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
37 OCT 12 AM 10:24

Principal Place of Business

600 N. 14TH STREET
QUINCY, FL 32351

Mailing Address

2111 WEST JEFFERSON STREET
QUINCY, FL 32351

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10092007

REIN-P

CR2E098 (1/07)

4. FEI Number

59-3141967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINSON, ALEXANDER L
121 N. MADISON STREET
QUINCY, FL 32351

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

*The check attached for \$150.00
I did not receive notice
that this was due.*

10. OFFICERS AND DIRECTORS

TITLE NAME P/D
NAME VICKERS, DON
STREET ADDRESS 102 S.E. 1ST STREET
CITY-ST-ZIP HAVANA, FL 32333 ☐ Delete

TITLE NAME VP/D
NAME JOHNSON, GEORGE E
STREET ADDRESS 2111 W JEFFERSON ST
CITY-ST-ZIP QUINCY, FL 32351 ☐ Delete

TITLE NAME TSD
NAME FLETCHER, SANDRA S
STREET ADDRESS 600 N. 14TH STREET
CITY-ST-ZIP QUINCY, FL 32351 ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400110738044
10/12/07--01053--010 **150.00

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

George E. JOHNSON

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3 10/15/07

10-9-07 850-637-9201