**FILED** 

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90048 038 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **H27963**

1. Corporation Name

MARION/SERVICE ROOFING AND AIR CONDITIONING COMP

			_				
Principal Place of Business Mailing Address					1 (35)01) 110 (10) 120 (10)		
604 NW 1ST AVENUE P.O. BOX 1628 OCALA FL 32678		604 NW 1ST AVENUE P.O. BOX 1628 OCALA FL 32678		DO NOT WRITE IN THIS SPACE			
CONEA 15 GEORG				3. Date Incorporated or Qualifed			
					10/30/1984		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
26					59-2462556		Applicable
Suite, Apt. #, etcSuite, Apt. #, etc.		Suite, Apt. #, etc.			5. Centificate of Status Desired	\$8.75.A	
22 27		27				Fee Red	quired
City & State		City & State	¬ '		6. Election Campaign Financing	\$5.00	, ,
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	ı	8. This corporation owes the current year		□No
24	25	<u> </u>	0		Personal Property Tax.  10. Name and Address of New Registers		
Name and Address of Current Registered Agent				Name	IV. Name and Address of New Registere	u Agent	
SHA	NAHAN, TIMOTHY S.		81	Ivanie			
2122 SE 11 STREEET			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
OCALA 32671			83				
00,1			03				
			84	City	FL 85 Zip Code		
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.							registered gistered
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				nt signature requi	ired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	VP	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	LINDLEY, MARC H.		1.2 NAME	ĺ			
STREET ADDRESS	852 NW 165 ST			TADDRESS			
CITY-ST-ZIP	CITRA FL 32113		1.4 CITY-S	T-ZiP		Change	☐ Addition
TITLE	CSD □ DELETE 2.11					☐ Change	Addition
NAME	ESBENSHADE, HARRY H. I						Ì
STREET ADDRESS				TADDRESS : -		,	ļ
CITY-ST-ZIP			2.4 CITY-	ST-ZIP		☐ Change	Addition
TITLE			3.1 TITLE			☐ Change	☐ Addison
NAME	CAIN, MICHAEL D.		3.2 NAMÉ				ļ
STREET ADDRESS	5106 GLENBROOK DR.		II.	TADDRES\$			ļ
CITY-ST-ZIP			3.4. CITY-	T-ZIP	<u></u>	Change	Addition
TITLE	_		4.1 TITLE			Change	L Addison
NAME	Orbat and an annual and or		4. 2 NAME				
STREET ADDRESS	2100 02 11 011.227			T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		☐ Change	Addition
T/TLE			5.1 TITLE 5.2 NAME				
NAME	, ·		1	T ADDRESS			ļ
CTDEET ANNUESS	1		■ 0.0 0 INEE	I PERDUCAS			,

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 coment with an address, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

13

0.000

建"。注意选择是

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Tim S Shanahan TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

4-19-99

(352) 622-7256

☐ Change

☐ Addition