

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000080958 (9)**

1. Corporation Name

**MARSHALL'S AUTOMOTIVE, INC.**



Principal Place of Business

30.5 US HWY ONE  
BIG PINE KEY FL 33043

Mailing Address

~~RT 5, BX 109A~~  
BIG PINE KEY FL 33043  
US

3. Date Incorporated or Qualified  
**11/02/1994**

3a. Date of Last Report  
**01/19/1995**

2. Principal Place of Business

21 Same as above

2a. Mailing Address

26 30360 Overseas Hwy

4. FEI Number  
**56-1723966**

Applied For  
Not Applicable

22. State, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23. City & State

24. Zip

Country

25 Monroe

28. City & State

Big Pine Key, FL

29. Zip

33043-3352

Country

USA

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

MARSHALL, ELSIE S  
~~RT 1 BOX 535~~  
BIG PINE KEY FL 33043

10. Name and Address of New Registered Agent

81 Name  
Marshall, Elsie S.  
82 Street Address (P.O. Box Number is Not Acceptable)  
571 Croton Lane  
83  
84 City  
Big Pine Key FL 85 Zip Code  
33043

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

Sign in the type of or printed name of registered agent and state it applicable

(NOTE: Registered Agent signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MARSHALL, ELSIE S	
STREET ADDRESS	RT 1 BOX 535 A	
CITY - ST - ZIP	BIG PINE KEY FL 33043	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MARSHALL, MELVIN W	
STREET ADDRESS	RT 1 BOX 535 A	
CITY - ST - ZIP	BIG PINE KEY FL 33043	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Elsie Marshall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96 (305) 872-9220  
Date Daytime Phone #

CR2E034 (12/95)