FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

.

FLORIDA DEPARTMENT OF STATE Apr 22 1998 8:00am **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # S84786 (0)MARRIC SERVICES, INC. Principal Place of Business Mailing Address 1945 BYRAM DRIVE 1945 BYRAM DRIVE **CLEARWATER FL 34615** CLEARWATER FL 34615 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/03/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3090239 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country ZiD Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BUBLE, RICHARD J. 1945 BYRAM DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34615** 83 84 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition **BUBLE, MARJORIE B.** NAME 1.2 NAME 1945 BYRAM DRIVE STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change 2.1 TITLE ___ Addition BUBLE, RICHARD J. NAME 2.2 NAME 1945 BYRAM DRIVE STREET ADDRESS 2.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE TITLE D 3.1 TITLE Addition **BOTTORF, LOUISE W.** NAME 3.2 NAME STREET ADDRESS **309 PORTREE DRIVE** 3.3 STREET ADDRESS **DUNEDIN FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETÉ TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 suppliemental 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 13 if chapted, or on an attachment with an address.

FILED