

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 241531

**Entity Name:** MARDAVE COMPANY

**Current Principal Place of Business:**

205 S. HOOVER ST., #400  
TAMPA, FL 33609

**Current Mailing Address:**

205 S. HOOVER ST., #400  
TAMPA, FL 33609

**FEI Number:** 59-0947719

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILSON, J. STYLES ESQ.  
205 S. HOOVER ST., #400  
TAMPA, FL 33609 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name CARTER, SHIRLEY  
Address 205 S. HOOVER ST., #400  
City-State-Zip: TAMPA FL 33609

Title PRESIDENT, DIRECTOR  
Name THATCHER, CAROLYN  
Address 205 S. HOOVER ST., #400  
City-State-Zip: TAMPA FL 33609

Title VP, DIRECTOR, SECRETARY  
Name ANGLIN, KIMBERLY  
Address 205 S. HOOVER ST., #400  
City-State-Zip: TAMPA FL 33609

Title VP, DIRECTOR  
Name GRANELL, ALLISON  
Address 205 S. HOOVER #400  
City-State-Zip: TAMPA FL 33609

Title VP, DIRECTOR, TREASURER  
Name THATCHER, JONATHAN  
Address 205 S. HOOVER #400  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR  
Name FARMER, JAMES D  
Address 205 S. HOOVER ST., #400  
City-State-Zip: TAMPA FL 33609

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHIRLEY A CARTER

VP

02/01/2017

Electronic Signature of Signing Officer/Director Detail

Date