PROFIT
CORPORATION
ANNUAL REPORT

1999-



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

 $\equiv \pm i \pi$

Zip Code

05-10-1999 90238 037 ***150.00

DOCUMENT	#.	127751
Composition Name		12///

J.C. Marsh & Sons, Inc.

,	i			
1	10 N.	Columbia	Street	:
	Lake (City, Flor	rida 32	0!

Principal Place of Business

Mailing Address

P O BOX 1029 LAKE CITY FL 32056

Lake City, Florida 32055				DO NOT WRITE IN THIS SE			IIS SPACE	PACE			
	hake City/ librida 52055		•			Ī	3.	Date incorporated or Qualifed			
	<i></i>					•		6/16/1933			
	. Principal Place of Business	2 <i>a</i>	. Mailing Address				4.	FEI Number		Αρ	plied For
24	1	26	• •					59-6071316		No	t Applicable
2	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.		_		5 .	Certificate of Status Desired		-	Additional quired
12	City & State	28	City & State				6.	Election Campaign Financing Trust Fund Contribution			May Be o Fees
. <u></u>	Zip Country	29	Zip 3		intry	,	8.	This corporation owes the current year Personal Property Tax.	Intangible	/	□No
9. Name and Address of Current Registered Agent			T		10.	Name and Address of New Registers	d Agent				
				81							
HALEY, WILLIAM J.			01 A A	dress (P.O. Box Number is Not Acceptable)							
	10 N COLUMBIA ST				82	Sueet Address	5 (P	.O. DOX NUMBER IS NOT ACCEPTANCE!			
	LAKE CITY FL 32055				83						

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	Signature, typed or printed name of registered agent and title if applicable	h (NOTE:	Required Agent signature requi	red when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A		RS (N 12
TITLE	PD	DELETE	1.1 TITLE		Change	Addition
NAME	Oesterhoudt, III, F.S.		1.2 NAME			
STREET ADDRESS	Rt. 7, Box 512		1.3 STREET ADDRESS			
CITY-ST-ZIP	Lake City FL 32055		1.4 C(TY-ST-ZIP			C takes
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	Oosterhoudt, Patrick E		22 NAME			
STREET_ADDRESS	Rt 1 Box 250		2.3 STREET ADDRESS			
CITY-ST-ZIP	Lake City, FL 32055		2.4 City-ST-ZIP			- Adams
TITLE	STD	DELETE	3.1 TITLE		Charge	Addition
NAME	Oosterhoudt, Michael E		3.2 NAME			
STREET ADDRESS	2817 E. Duval Street		3.3 STREET ADDRESS		•	
CITY-ST-ZIP	Lake City, FL 32055		3.4. CITY- ST-ZIP			Addition
TITLE .	•	DELETE	4 1 TITLE		Change	Addition
NAME			4. 2 NAME	-		
STREET ADDRESS			43 STREET ADDRESS			
CITY-ST-ZIP			44 CITY-ST-ZIP			
TITLE		DELETE	\$1 TITLE	-	Change	Addition
NAME			\$2 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			71
TITLE		☐ DELETE	61 TITLE		Change	Addition
NAME			62 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY OF THE			64 CITY-ST-ZIP			

SIGNATURE AND TYPED OR PRINTED NAME CF SIGNING OFFICER OR DIRECTO

9-527 ixp