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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 03 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

101

1. Corporation MARIN		R SUPPLY, INC.		(2)			1 1061788 \$1118 \$1811 6681		† <b>1111</b> 1) <b>1</b> 1011	0/8// 1/18// 8/J	lik <b>d</b> hāri koda
Principal Plac	no of Busines		Mailing Adv	droop							
Principal Place of Business		Mailing Address									
3750 EXCHANGE AVE NAPLES FL 34104			3750 EXCHANGE AVE NAPLES FL 34104								
US			US			DO	DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated o	r Qualified			
2 Principal C	Diana of Duci	0000	On Mailing	Addrasa			12/29/1967				
2. Principal Place of Business			2a. Mailing Address 26			4. FEI Number				pplied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-1195308	<del></del>			ot Applicable Additional		
22 ^			27			5. Certificate of Status	Desired			equired	
City & State			City & S	City & State			6. Election Campaign F	inancing	•	\$5.00	May Be
23			28				Trust Fund Contribut	ion			to Fees
Ziρ 🐞		Country	Zıp		Countr	У	8. This corporation owe				
24	g Name	25 and Address of Cure	29 29 Agrictored Agr	ent	30		Personal Property Ta 10, Name and Address				No
00		<del></del>	TOTAL TION STORES AND		81	Name	10. Name and Address	OI NOW NO	liero.eg y	Agent .	
SCOFIELD, MILES L. 3584B EXCHANGE AVE NAPLES FL 33942											
							ddress (P.O. Box Number is N	ot Acceptabl	le)		
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					B4	City				Jag   7:-	0-4-
									FL	'	Code
11. Pursuant	to the provisi	ions of Sections 607.0	0502 and 607.1508.	Florida Statu	tes, the abov	e-named co	orporation submits this stateme	ent for the po	rpose of	changing it	ts registered
	m familiar wi	th, and accept the obl	ligations of, Section	change was 607.05 <b>0</b> 5, Fi	authorized b orida Statute	y the corpores.	orporation submits this statement ration's board of directors. I he	эгеру ассер	т пе арр	ointment as	registered
agent. I a		th, and accept the ob					ration's board of directors. I he quired when reinstating)	ereby accep	DATE	ointment as	registered
SIGNATURE	Signature, typed	or printed name of registered	agent and tille if applicable.	(NO1	E Registered Ag				DATE		
SIGNATURE 12. TITLE	Signature, typed	or printed name of registered. OFFICERS A	agent and tille if applicable.		TE: Registered Ag 13. 1.1 TiTLE	ent signature rec	quired when reinstating)		DATE		
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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 supplementarian annual report is true and tock ate 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 occurrence of the corporation or the occurrence of the corporation or the occurrence of the corporation or on an attachment with an oddress.