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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 385478

1. Corporation Name

MARK V DISTRIBUTORS, INC.

Principal Place of Business

3093 KENNESAW ST
FT MYERS FL 33916

Mailing Address

3093 KENNESAW ST
FT MYERS FL 33916

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1971

4. FEI Number

59-1354330

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 3443 HANCOCK BRIDGE PKWY

2a. Mailing Address

26 PO BOX 456

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 302

27 City & State

23 FT. MYERS, FL

28 FT MYERS, FL

Zip Country

24 33903

25 USA

Zip Country

29 33902

30 USA

9. Name and Address of Current Registered Agent

MARGERUM, VERNA J.
RT.29,BOX 434A,WILLIAMSON RD.
FT. MYERS, FL
FT MYERS FL 33905

10. Name and Address of New Registered Agent

81 Name
MARGERUM, WM. GREGORY
82 Street Address (P.O. Box Number is Not Acceptable)
4890 CEDAR HAMMOCK CT.
83
84 City
FT MYERS
85 Zip Code
FL 33905

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

WM. GREGORY MARGERUM

WM. GREGORY MARGERUM

FEB. 15, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME MARGERUM, VERNA J.

STREET ADDRESS 3471 RIBER RUN LN.

CITY-ST-ZIP FT MYERS, FL 00000

TITLE P ☐ DELETE

NAME MARGERUM, WM. G

STREET ADDRESS 4890 CEDAR HAMMOCK CT. S.E.

CITY-ST-ZIP FT MYERS, FL 00000

TITLE VPGM ☒ DELETE

NAME OKUN, ALAN

STREET ADDRESS 1470 HILL AVE.

CITY-ST-ZIP FT. MYERS FL

TITLE D ☐ DELETE

NAME CRONIN, THOMAS R

STREET ADDRESS PO BOX 6966

CITY-ST-ZIP FT MYERS FL

TITLE S ☐ DELETE

NAME MARTIN, MAGGI L

STREET ADDRESS 4281 RIVER GROVE LN

CITY-ST-ZIP FT MYERS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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, with all other like empowered.

SIGNATURE: *WM. GREGORY MARGERUM* 2/15/99 941/694-1812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)