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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 44620

(1)

MARSTON CONSTRUCTION CO., INC.

FILED Feb 13 1998 8:00am Secretary of State



| Principal Place   | o of Business   | Mailing Address                      |  |  |
|---|---|--------------------------------------|--|--|
| 1405 GRANDVIEW DR. 1405 GRANDVIEW DR. TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 |   |                                      |  |  |
|   |   |                                      | 889  | DO NOT WRITE IN THIS SPACE   |
| TAIN ON OF THIS OF E SHOOS  |   | TRAPON SPANINGS PL 34009             |  |  |
|   |   |                                      |  | 3. Date Incorporated or Qualified  |
|   |   |                                      |  | 02/12/1974   |
| 2. Principal P  | lace of Business  | 2a. Mailing Address                  |  | 4. FEI Number Applied For  |
| 21  |   | 26                                   |  | <b>59-1541651</b> Not Applicable   |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.                  |  | 5. Certificate of Status Desired \$8.75 Additional   |
| 22  |   | 27                                   |  | Fee Required   |
| City & State  | Ө   | City & State                         |  | 6. Election Campaign Financing \$5.00 May Be   |
| 23  |   | 28                                   |  | Trust Fund Contribution Added to Fees  |
| → <sup>Zip</sup>  | Country   | Zıp                                  | Country  | This corporation owes or has paid the current year Intangible  |
| 24  | 25  | 29                                   | 30   | Personal Property Tax due June 30. Yes No  |
|   | Name and Address of Curre   | ent Registered Agent                 | 04  11   | 10. Name and Address of New Registered Agent   |
|   | RSTON, CONSTANTINOS   |                                      | 81 Name  |  |
| 1405 GRANDVIEW DR.  |   |                                      | 82 Street A  | ddress (P.O. Box Number is Not Acceptable)   |
| TARPON SPRINGS FL 34689   |   |                                      | 00   |  |
|   |   |                                      | 83   |  |
|   |   |                                      | 84 City  | 85 Zip Code  |
|   |   |                                      |  | ₽ <b>L</b> ││  |
| Office or ri  | to the provisions of Sections 607.05<br>egistered agent, or both, in the Stal<br>m familiar with, and accept the obli | le of Florida. Such channe was a     | authorized by the corno                              | orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered |
| SIGNATURE   |   |                                      |  |  |
|   | Signature, typed or printed name of registered a  |                                      | . Flegistnred Agent signature re                     |  |
| 12.   | OFFICERS AI   | ND DIRECTORS                         | 13.  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE   | P   | ☐ DELETE                             | 1.1 TITLE  | Change Addition  |
| NAME  | MARSTON, CONSTANTINOS   | i                                    | 1.2 NAME   |  |
| STREET ADDRESS  | 1405 GRANDVIEW DRIVE  |                                      | 1.3 STREET ADDRESS                                   |  |
| CITY - ST - ZIP   | TARPON SPRGS. FL  |                                      | 1.4 CITY-ST-ZIP                                      |  |
| TITLE   | ST  | ☐ DELETE                             | 2.1 TITLE  | Change Addition  |
| NAME  | SPICER, SHARI A   |                                      | 2.2 NAME   |  |
| STREET ADDRESS  | 136 ELFERS PKWY.  |                                      | 2.3 STREET ADDRESS                                   |  |
| CITY-ST-ZIP   | NEW PORT RICHEY FL  |                                      | 2 4 CITY-ST-ZIP                                      |  |
| TITLE   | VP  | DELETE                               | 3 1 TITLE  | ☐ Change ☐ Addition  |
| NAME  | ALEXANDER, LYNN G.  |                                      | 3.2 NAME   |  |
| STREET ADDRESS  | 309 SHADDOCK ST.  |                                      | 3.3 STREET ADDRESS                                   |  |
| CITY-ST-ZIP   | TARPON SPRINGS FL   |                                      | 3.4. CITY - ST - ZIP                                 |  |
| TITLE   |   | DELETE                               | 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-S1-ZIP                                      |  |
| TITLE   |   | DELETE                               | 6.1 TITLE  | Change Addition  |
| NAME  |   |                                      | 6.2 NAME   |  |
| STREET ADDRESS  |   |                                      | 6.3 STREET ADDRESS                                   |  |
| CITY-ST-ZIP   | _   |                                      | 6.4 CiTY-ST-ZIP                                      |  |
| 14. I hereby o  | ertify that the information supplied  | with this filing does not qualify fo | r the exemption stated                               | in Section 119.07(3)(i), Florida Statutes. I further certify that the information  |
| officer or o  | director of the corporation or the rec  | ceiver or trustee empowered to e     | urate and that my signa<br>execute this report as re | ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in         |
| Block 12 c  | or Block 13 if changed, or on an att  |                                      |  |  |
|   | Y'  | Allata Same                          | · 1 /  | 2 Alot MOEK 2/1/5X 938-2971  |