


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

FILED

Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 447272 (6) 1. Corporation Name MARCOBAY CONSTRUCTION, INC.					
Principal Place of Business 306 E. MAIN STREET 201 LAKELAND FL 33801 US		Mailing Address 306 E. MAIN STREET 201 LAKELAND FL 33801 US			
2. Principal Place of Business 21 116 S. KENTUCKY AVE Suite, Apt. #, etc. 22 City & State 23 LAKELAND, FLORIDA Zip 24 33801		2a. Mailing Address 26 116 S. KENTUCKY AVE. Suite, Apt. #, etc. 27 City & State 28 LAKELAND, FLORIDA Zip 29 33801		3. Date Incorporated or Qualified 03/05/1974 4. FEI Number 59-1509590 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Name and Address of Current Registered Agent BAYLESS, HOWARD 306 E. MAIN STREET, SUITE 201 LAKELAND FL 33801				10. Name and Address of New Registered Agent 81 Name BAYLESS, HOWARD 82 Street Address (P.O. Box Number is Not Acceptable) 116 S. KENTUCKY AVE. 83 84 City LAKELAND FL 85 Zip Code 33801	
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 (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS 1.1 TITLE VDS <input type="checkbox"/> DELETE 1.2 NAME COWPERTHWAIT, STEVE 1.3 STREET ADDRESS 306 E. MAIN STREET, SUITE 201 1.4 CITY-ST-ZIP LAKELAND FL 2.1 TITLE PD <input type="checkbox"/> DELETE 2.2 NAME BAYLESS, HOWARD 2.3 STREET ADDRESS 306 E. MAIN STREET, SUITE 201 2.4 CITY-ST-ZIP LAKELAND FL 3.1 TITLE VDT <input type="checkbox"/> DELETE 3.2 NAME PHILLIPS, MARK 3.3 STREET ADDRESS 306 E. MAIN STREET, SUITE 201 3.4 CITY-ST-ZIP LAKELAND FL 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE VDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME COWPERTHWAIT, STEVE 1.3 STREET ADDRESS 116 S. KENTUCKY AVE. 1.4 CITY-ST-ZIP LAKELAND, FLORIDA 33801 2.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME BAYLESS, HOWARD 2.3 STREET ADDRESS 116 S. KENTUCKY AVE. 2.4 CITY-ST-ZIP LAKELAND, FLORIDA 33801 3.1 TITLE VDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME PHILLIPS, MARK 3.3 STREET ADDRESS 116 S. KENTUCKY AVE. 3.4 CITY-ST-ZIP LAKELAND, FLORIDA 33801 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 recorder 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. SIGNATURE: STEVE COWPERTHWAIT 1-8-98 (941) 680-2293 ENTERED MAR 11 1998					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)