

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # 484467

1. Corporation Name

MARLIN CONSTRUCTION AND ENGINEERING, INC.

Principal Place of Business

 2535 SUCCESS DRIVE
ODESSA FL 33556
US

Mailing Address

 2535 SUCCESS DRIVE
ODESSA FL 33556
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

 BAKER, RICHARD W.
~~1803 U.S. HIGHWAY 19~~
~~HOLIDAY FL 34691~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1975

4. FEI Number

59-1615906

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.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

 81 Name **RICHARD W BAKER**
82 Street Address (P.O. Box Number is Not Acceptable)
2535 SUCCESS DRIVE
83
84 City **ODESSA** FL 85 Zip Code **33556**

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 *Richard W Baker*

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	PD	<input type="checkbox"/> DELETE
NAME	SCHERER, J. CHRIS	
STREET ADDRESS	2535 SUCCESS DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BAKER, RICHARD W	
STREET ADDRESS	2535 SUCCESS DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GUNSAULLUS, ROBERT HOWARD	
STREET ADDRESS	2535 SUCCESS DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HUMPHRIES, J BOB	
STREET ADDRESS	501 E KENNEDY BLVD #1700	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HARRY JACKSON	
1.3 STREET ADDRESS	2535 SUCCESS DR	
1.4 CITY-ST-ZIP	ODESSA FL 33556	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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.

SIGNATURE: *Richard W Baker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90005 043 ***550.00