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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 487386

(5)

1. Corporation Name

MARSHAL TRADING CO., INC.

Principal Place of Business

FOOT OF EAST BRANT ST.
P.O. BOX 5692
TAMPA FL 33675-5692

Mailing Address

FOOT OF EAST BRANT ST.
P.O. BOX 5692
TAMPA FL 33675-5692

3. Date Incorporated or Qualified
10/08/1975

3a. Date of Last Report
06/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

4. FEI Number

59-1626840

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CASSARAS, THEMELIS
1721 NEVADA AVE., N.E.
ST. PETERSBURG FL

10. Name and Address of New Registered Agent

1. Name

2. Street Address (P.O. Box Number is Not Acceptable)

3. City

FL

85 Zip Code

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1. PD
CASSARAS, THEMELIS
1742 NEVADA AVENUE NE
ST PETERSBURG FL
2. ☐ DELETE
3. ☐ DELETE
4. ☐ DELETE
5. ☐ DELETE
6. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1
1.2 N
1.3 ST ADDRESS
1.4 CST - ZIP
2.1
2.2 N
2.3 ST ADDRESS
2.4 ST - ZIP
3.1
3.2
3.3 ST ADDRESS
3.4 ST - ZIP
4.1
4.2
4.3 ST ADDRESS
4.4 ST - ZIP
5.1
5.2
5.3 ST ADDRESS
5.4 ST - ZIP
6.1
6.2
6.3 ST ADDRESS
6.4 ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for 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 file 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

Date

Daytime Phone #

CR2E034 (9/96)