

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 548898 (6)

1. Corporation Name

MARKETING ANALYSIS & RESEARCH COUNSELORS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

MARC-FL, INC.
112 GILMORE DRIVE
GULF BREEZE FL 32561
US

MARC-FL, INC.
112 GILMORE DRIVE
GULF BREEZE FL 32561
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 35

22 City & State

27 City & State

23 Zip Country

28 GULF BREEZE, FL
29 32562 30 US

3. Date Incorporated or Qualified
10/11/1977

3a. Date of Last Report
01/31/1996

4. FEI Number
59-1848999

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

10. Name and Address of New Registered Agent

LAY, D. MATSON
112 GILMORE DRIVE
GULF BREEZE FL 32561

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0032 and 607.1506, 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 Type (Check one): ☐ Signature ☐ Signature of Registered Agent

(If the Registered Agent Signature is required when registering)

Date:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LAY, D. MATSON
STREET ADDRESS 112 GILMORE DRIVE
CITY-STATE-ZIP GULF BREEZE FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE D
NAME LAY, W. JACKSON JR.
STREET ADDRESS 112 GILMORE DRIVE
CITY-STATE-ZIP GULF BREEZE FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ST
NAME LAY-BATELLI, MONICA D.
STREET ADDRESS 8560 COLONY CLUB DR.
CITY-STATE-ZIP ALPHARETTA GA ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: D. Matson Lay DO MATSON LAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 30, 1996 9049323210
Date Daytime Phone #

CR2E034 (12/95)