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Feb 25 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 # 548898 (6)
1. Corporation Name
MARKETING ANALYSIS & RESEARCH COUNSELORS OF FLORIDA, INC.



Principal Place of Business
MARC-FL, INC.
112 GILMORE DRIVE
GULF BREEZE FL 32561
US

Mailing Address
P O BOX 35
112 GILMORE DRIVE
GULF BREEZE FL 32562-0035
US

3. Date Incorporated or Qualified 10/11/1977
3a. Date of Last Report 02/05/1996
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29
30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0502 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LAY, D. MATSON	1.2 NAME	
STREET ADDRESS	112 GILMORE DRIVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	GULF BREEZE FL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	
NAME	LAY, W. JACKSON JR.	2.2 NAME	
STREET ADDRESS	112 GILMORE DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	GULF BREEZE FL	2.4 CITY- ST- ZIP	
TITLE	ST	3.1 TITLE	
NAME	LAY-BATELLI, MONICA D.	3.2 NAME	
STREET ADDRESS	8560 COLONY CLUB DR.	3.3 STREET ADDRESS	
CITY- ST- ZIP	ALPHARETTA GA	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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: D. Matson Lay D. MATSON LAY March 1, 1997 9049323210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)