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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 548898

Principal Place of Business

2. Principal Place of Business

MARC-FL. INC.

112 GILMORE DRIVE

GULF BREEZE FL 32561

Suite, Apt. #, etc.

City & State

MARKETING ANALYSIS & RESEARCH COUNSELORS OF FLOR IDA. INC.

Mailing Address

GULF BREEZE FL 32562

2a. Mailing Address

City & State

Suite, Apt. #, etc.

P O BOX 35 112 GILMORE DRIVE

26

27

23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		Country		8. This corporation owes the current year		_
24	25	29	30			Personal Property Tax.	☐ Yes 1	No No
	9. Name and Address of Current	Registered Ag	ent			10. Name and Address of New Registe	red Agent	
				81	Name			į
LAY, D. MATSON				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
112 GILMORE DRIVE								
GULF	BREEZE FL 32561			83				
				84	City		85 Zip C	ode
					•		-L	
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: Po	gistored Agen	eignatura cagui	ired when reinstating) DATE	<del></del>	<u> </u>
12.	OFFICERS AND		(NOTE: No	13.	agristore requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD		DELETE	1.1 TITLE			Change	Addition
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		•		
TITLE	D		DELETE	2.1 TITLE			☐ Change	Addition
NAME	LAY, W. JACKSON JR.			2.2 NAME				
STREET ADDRESS	112 GILMORE DRIVE			2.3 STREET	ADORESS	An	<del></del>	
CITY-ST-ZIP	GULF BREEZE FL			2.4 CITY-S				[
TITLE			3.1 TITLE			Change	Addition	
NAME	LAY-BATELLI, MONICA D.			3.2 NAME				1
STREET ADDRESS	8560 COLONY CLUB DR.			3.3 STREET	ADDRESS			
CITY-ST-ZIP	ALPHARETTA GA			3.4. CITY-S				J
TITLE			4.1 TITLE	: <del>-</del> ::		Change	Addition .	
NAME				4.2 NAME				1
STREET ADORESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	ļ			
TITLE			☐ DELETE	5.1 TITLE	•		· Change	☐ Addition
NAME				5.2 NAME	ĺ			
STREET ADDRESS				53 STREET	ADORESS			
CITY-ST-ZIP				5.4 CITY- ST	r-ZIP			
TITLE			DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADORESS			
CITY-ST-ZIP				6.4 CITY-ST	I .			
14. I hereby of indicated officer or	on this annual report or supplemental :	annual report is rer or trustee en	true and accurat opowered to exe	te and that cute this re	; my signatu eport as req	Section 119.07(3)(i), Florida Statutes. I furtheure shall have the same legal effect as if made juired by Chapter 607, Florida Statutes; and the	unger oath; that i	am an

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90021 046 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

10/11/1977

59-1848999