

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 # **558371** (1)

1. Corporation Name

MARCO POLO BUILDERS, INC.



Principal Place of Business

**13561 S. W. 40 CIRCLE
OCALA FL 34473
US**

Mailing Address

**13561 S. W. 40 CIRCLE
OCALA FL 34473
US**

3. Date Incorporated or Qualified
01/27/1978

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAVICIC, ALBINA
2977 SW 137 LN RD
OCALA FL 32673**

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

Signature of person appointed to change the registered office or agent

Signature of Registered Agent (signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	PAVICIC, MARCO	
STREET ADDRESS	2977 SW 137 LN RD	
CITY, ST, ZIP	OCALA FL	
TITLE	EVP	☐ DELETE
NAME	ROWE, PHYLLIS	
STREET ADDRESS	9550 SW 32ND COURT	
CITY, ST, ZIP	OCALA FL	
TITLE	VS	☐ DELETE
NAME	PAVICIC, KATICA	
STREET ADDRESS	2977 SW 137 LN RD	
CITY, ST, ZIP	OCALA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I 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, 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

904-347-1886

CR2E034 (12/95)