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FILED

Feb 03 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 # 624543

(5)

1. Corporation Name

STANLEY MARSH & SONS, INC.

Principal Place of Business

8307 N.W. 54TH STREET  
MIAMI FL 33166

Mailing Address

8307 N.W. 54TH STREET  
MIAMI FL 33166-4010

2. Principal Place of Business

21 8125 N.W. 64 Street

Suite, Apt. #, etc.

22

City & State

23 Miami, Florida

Zip

24 33166-2725

Country

25 USA

2a. Mailing Address

26 8125 N.W. 64 Street

Suite, Apt. #, etc.

27

City & State

28 Miami, Florida

Zip

29 33166-2725

Country

30 USA

3. Date Incorporated or Qualified

07/02/1979

3a. Date of Last Report

02/05/1996

4. FEI Number

59-1943139

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

MARSH, MILTON LOWELL  
15000 SAXON CIRCLE SOUTH  
FT. LAUDERDALE 33331

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

Milton Lowell Marsh

1-10-97

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 D  
NAME MARSH, STANLEY  
STREET ADDRESS 6341 LAKE CHAMPLAIN TERR  
CITY-ST-ZIP MIAMI LAKES FL 33014

☐ DELETE

TITLE ST  
NAME MARSH, MARJORIE  
STREET ADDRESS 6341 LAKE CHAMPLAIN TERR  
CITY-ST-ZIP MIAMI LAKES FL 33014

☐ DELETE

TITLE P  
NAME MARSH, LOWELL  
STREET ADDRESS 15000 SAXON CIRCLE SOUTH  
CITY-ST-ZIP FT. LAUDERDALE FL 33331

☐ DELETE

TITLE VP  
NAME MARSH, DONALD P  
STREET ADDRESS 19570 NW 87TH PLACE  
CITY-ST-ZIP MIAMI FL 33015

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*Marjorie Marsh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97

Date

Daytime Phone #

(305)

591-3115

CR2E034 (9/96)