

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90169 023 ***150.00

DOCUMENT # 694496

1. Corporation Name

MARK OF EXCELLENCE, INC.

Principal Place of Business

4506 W. CAYUGA STREET
TAMPA FL 33614

Mailing Address

4506 W. CAYUGA
TAMPA FL 33614
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1981

4. FEI Number

59-2472582

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

DOYLE JOHN M.
4506 W. CAYUGA
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

DOYLE, John M

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

5433 W CRENSHAW ST

83

84 City

TAMPA

FL

85 Zip Code

33634

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: Registered Agent signature required when reinstating)

DATE

1/9/99.

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MAHONEY, MICHAEL J.

STREET ADDRESS 4506 W. CAYUGA

CITY-ST-ZIP TAMPA FL

TITLE V ☐ DELETE

NAME MAHONEY, STEPHEN D

STREET ADDRESS 4506 W. CAYUGA

CITY-ST-ZIP TAMPA FL

TITLE VS ☐ DELETE

NAME DOYLE, JOHN M

STREET ADDRESS 4506 W. CAYUGA

CITY-ST-ZIP TAMPA FL

TITLE V ☐ DELETE

NAME DANIEL V MASSARO

STREET ADDRESS 4506 W CAYUGA ST

CITY-ST-ZIP TAMPA FL

TITLE V ☐ DELETE

NAME O'CONNOR, CHARLES C

STREET ADDRESS 4506 W CAYUGA

CITY-ST-ZIP TAMPA FL

TITLE T ☐ DELETE

NAME KIMBERLY WELLS

STREET ADDRESS 4506 W CAYUGA ST

CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 5433 W. Crenshaw St.

1.4 CITY-ST-ZIP Tampa, FL 33634

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 5433 W. Crenshaw St.

2.4 CITY-ST-ZIP Tampa, FL 33634

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 5433 W. Crenshaw St.

3.4 CITY-ST-ZIP Tampa, FL 33634

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 5433 W. Crenshaw St.

4.4 CITY-ST-ZIP Tampa, FL 33634

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS 5433 W. Crenshaw St.

5.4 CITY-ST-ZIP Tampa, FL 33634

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS 5433 W. Crenshaw St.

6.4 CITY-ST-ZIP Tampa, FL 33634

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/99 (813) 386-3444

CR2E034 (11/98)

0097257