

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 856234 (0)

1. Corporation Name

MARSHALL & WILLIAMS COMPANY



Principal Place of Business

411 AIRPORT ROAD/POB 17268  
GREENVILLE SC 29606

Mailing Address

411 AIRPORT ROAD/POB 17268  
GREENVILLE SC 29606

3. Date Incorporated or Qualified  
04/25/1983

3a. Date of Last Report  
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

05-0344620

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

10. Name and Address of New Registered Agent

HYATT, FREDERICK  
3810 TORREY PINES WAY  
SARASOTA FL 34238

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, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
MACDONALD, STUART R  
STREET ADDRESS  
2028 CLEVELAND ST. EXT.  
CITY-ST-ZIP  
GREENVILLE, SC 00000

1.2 NAME  
1.3 STREET ADDRESS

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME  
MACPHERSON, LLOYD V  
STREET ADDRESS  
25 LATHAM FARM RD  
CITY-ST-ZIP  
SMITHFIELD RI

2.2 NAME  
2.3 STREET ADDRESS

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
SCOTT, JAMES C  
STREET ADDRESS  
127 FOX TRACE  
CITY-ST-ZIP  
SIMPSONVILLE SC

3.2 NAME  
3.3 STREET ADDRESS

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
FULMER, JOE  
STREET ADDRESS  
RT 1 BOX 119  
CITY-ST-ZIP  
SIMPSONVILLE, SC 00000

4.2 NAME  
4.3 STREET ADDRESS

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
HYATT, FREDERICK  
STREET ADDRESS  
3810 TORREY PINES WAY  
CITY-ST-ZIP  
SARASOTA FL

5.2 NAME  
5.3 STREET ADDRESS

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-96

Date

Daytime Phone #

CR2E034 (12/95)