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

PROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



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

DOCUMENT # F01813

1. Corporation Name

(7)

MARJAC REAL ESTATE COMPANY

Principal Place	of Business	Mailing Address	Mailing Address				iigi oloit oleit otoit üidi	1 UIBH 8 FD(1 1881
C/O JOHN P. SCHAFFER 8515 HIGHWAY 98 NORTH LAKELAND FL 33809		C/O JOHN P. SCHAFFER 8515 HIGHWAY 98 NORTH LAKELAND FL 33809					Ta bu d	
						3. Date incorporated or Qualified 10/16/1980	3a. Date of Last 03/24/19	
2. Principal Pk 21	ace of Business	2a. Mailing Address 26	- Proven			4. FEI Number 59-2043504		Applied For Not Applicable
Suite, Apt. #	∜, etc.	Suite, Apt. #, etc.	h			5. Certificate of Status Desired		5 Additional Required
City & State		City & State	h-m-n			Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Country	Zip	Zip Coun			8. This corporation has liavility for in	wility for intangible tax under s. 199.032,	
24		[25] [29] [30] g. Name and Address of Current Registered Agent		Florida Statutes X Yes [
	g, Name and Address of Curre	ant negistereu Agent		31	Name	10. Name and Address of New R	gistered Agent	
COLLARES	O IOUN D		`					
	er, John P Hway 98 North		82 Street Addre		Street Addre	ess (P.O. Box Number is Not Acceptabl	e)	
LAKELAN			83					
33805			1	34	City	71.4	FI 85 2	Zip Code
11. Pursuant t	o the provisions of Sections 607.050	12 and 607 1508 Florida Statut	es the abov	0.02	and comore	ation submite this statement for the sur		registered office
or register familiar wit SIGNATURE	ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	rida. Such change was authoriz ction 607.0505, Florida Statutes	red by the co s.	rpor	ation's board	ition submits this statement for the purp d of directors. I hereby accept the appo	intment as registere	ed agent. I am
SIGNATURE .	Signature, typed or printed name of registered ag-	nt and tite in a _i (phosble) (NO	DTF: Registered A	gent si	signature required	when reinstating)	E)ATE:	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFE	CERS AND DIRECT	ORS IN 12
TITLE	PSD DELETE		1. 1 Titl	LE		Change Addit		Addition
NAME	SCHAFFER, JOHN P		1.2 NAV	1.2 NAME		•		
STREET ADDRESS	8515 HIGHWAY 98 NORTH		1.3 STA		DDRESS			
CITY-ST-ZIP	LAKELAND, FL 00000	E OFFICE		1.4 CITY - ST - ZIP				
TITLE		☐ DELETE		2 1 TITLE			Change	Addition
NAME OTREET ADDRESS			2 2 NAN	-				
STREET ADDRESS			2 3 STR					
CITY-ST-ZIP TITLE		☐ DELETE	2 4 CIT 3. 1 TIT		ZIP	Change		☐ Addition
NAME			3 2 NAN				[_] Change	Addition
STREET ADDRESS			3.3 STF		nngess			
CITY-ST-ZIP			3.5 ST		i			
TITLE		☐ DELETE	4. 1 TH				☐ Change	☐ Addition
NAME			4.2 NAA	Λē				
STREET ADORESS			4.3 STR	EET AD	DDRESS			•
CITY-ST-ZIP			4.4 CITY					
TITLE		☐ DELETE	5 1 TIT				Change	Addition
NAME			5.2 NAN	ΛE		•		
STREET ADDRESS			5.3 STR	EET AD	DDRESS			
CITY-ST-ZIP			5.4 C(T)	/- \$1	ZIP			
TITLE	DELETE		6 1 7 11	6 1 TITLE			Change	Addition
NAME			6.2 NAN	řE				
STREET ADDRESS			6.3 STR	2A 133	DORESS			
CITY-S1-ZIP			6.4 C(T)					
14. I do hereby certify that path; that laborates in	y certify that the information supplied the information indicated on this and I am an officer or directory of the corp Block 12 or Block 113 if it knopp.	with this filing is voluntarily furnual report or applemental applemental applemental applement of the receiver or trusts and a second or the receiver or trusts and a second or the receiver of the receiver or trusts and a second or the receiver or trusts and a second or the receiver or	nished and d proport is dempowere ress	oes r true id to	not qualify for and accurate execute this	r the exemption stated in Section 119.6 e and that my signature shall have the report as required by Chapter 607, Flo	07(3)(k), Florida Stat same legal effect as rida Statutes; and t	utes. I further if made under hat my name

FICER OR DIRECTOR