

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 28 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # F94000002165 (8)**  
1. Corporation Name  
**MARQUIS INDUSTRIES, INC.**



Principal Place of Business: P.O. BOX 1308, HIGHWAY 76, CHATSWORTH GA 30705  
Mailing Address: P.O. BOX 1308, HIGHWAY 76, CHATSWORTH GA 30705

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 04/27/1994  
4. FEI Number: 58-1888483  
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 or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

9. Name and Address of Current Registered Agent  
**MONROE, PAT  
5525 NORMANDY BLVD.  
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent  
81 Name: **Nielsen, Michael J.**  
82 Street Address (P.O. Box Number is Not Acceptable): **6767 Phillips Industrial Blvd.**  
84 City: **Jacksonville, FL** 85 Zip Code: **32256**

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: *Michael J. Nielsen* DATE: **4/29/98**

12. OFFICERS AND DIRECTORS

TITLE	VD	DELETE
NAME	HECKMAN, LARRY	
STREET ADDRESS	1211 PERCHERON DR	
CITY-ST-ZIP	DALTON GA	
TITLE	PC	DELETE
NAME	BAILEY, TIMOTHY A	
STREET ADDRESS	P.O. BOX 1308, HWY 76	
CITY-ST-ZIP	CHATSWORTH GA	
TITLE	S	DELETE
NAME	CURRY, AL	
STREET ADDRESS	9409 MAGICAL VIEW	
CITY-ST-ZIP	CHATTANOOGA TN	
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

1.1 TITLE	V	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			

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-06/01/98--01040--028  
\*\*\*150.00

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.

SIGNATURE: *Timothy A. Bailey* DATE: **4/28/98** 706-695-1060

CR2E034 (10/97)