

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
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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

3. Date Incorporated or Qualified
04/27/1994

4. FEI Number
58-1888483

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**MONROE, PAT
5525 NORMANDY BLVD.
JACKSONVILLE FL 32205**

81 Name

Nielsen, Michael J.

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

6767 Phillips Industrial Blvd.

83

84 City

Jacksonville,

FL

85 Zip Code
32256

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

4/29/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD**
NAME **HECKMAN, LARRY**
STREET ADDRESS **1211 PERCHERON DR**
CITY-ST-ZIP **DALTON GA**

☐ DELETE

TITLE **PC**
NAME **BAILEY, TIMOTHY A**
STREET ADDRESS **P.O. BOX 1308, HWY 76**
CITY-ST-ZIP **CHATSWORTH GA**

☐ DELETE

TITLE **S**
NAME **CURRY, AL**
STREET ADDRESS **9409 MAGICAL VIEW**
CITY-ST-ZIP **CHATTANOOGA TN**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 **V**
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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*

Timothy A. Bailey

4/28/98

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*****150.00**

CR2E034 (10/97)