Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90095 050 ***150.00

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

DOCUMENT # F9600001830

1. Corporation Name

THE MARLANE CORPORATION

Principal Place	e of Business	Mailing Address							
4271 S. FLORIE	DA AVE.	5499 KINGS MONT DR. 831	E	HIGHER	90D		<i>:</i>		
LAKELAND FL		LAKELAND FL 33813			PR.				
U\$		US		•	·	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
			ļ						
					0	4/11/1	996]
2 Principal P	lace of Business	2a. Mailing Address				El Numi		[Ar	plied For
一 ′	lace of Business	831 E 416A	100	O OR	I	1-078			ot Applicable
21			-77/0	U UK		10/0	3300		
		Suite, Apt. #, etc.	suite, Apt. #, etc.			ertifcate	of Status Desired		Additional equired
22 27								ree Ri	aduned
City & State		City & State			6. E	6. Election Campaign Financing \$5.00 May Be			
23		28 FAKELAM	, 7	-	\ T1	rust Fun	d Contribution	Added	to Fees
Zip	Country	Zip 🕜	Country	/	8. TI	his corp	oration owes the current year In	tangible	
24	25	29 33 8/3 30			I	,	Property Tax.	Yes	□No
	9. Name and Address of Curren						d Address of New Registered	Agent	_
	J. Haine and Address of Garren	t regional rigant	81	Name					
BACON, MARK				1 440					
·				Street A	dryss (P.O	Box N	umber is Not Acceptable)	7	
- 4271-S FLORIDA AVE				8	21 1	=. /	TIGHTAND DI	<u> </u>	
LAKELAND FL 33813			83	1					
						•		11	
			84	City			FI	85 Zip	Code
		1007 (500 Ft : 1 C) (1 t t t t					his statement for the purpose o	f changing its	registered
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 507,1506, Florida Statutes, tr of Florida, Such change was author	ized by	the coroon	orporation s ation's boar	d of dire	ectors. I hereby accept the appo	intment as re	gistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florida	Statutes	S.		,			*
								_	{
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Regis	tered Age	nt signature req	uired when reins	stating)	DATE		
12.			13.		AD	DITION	S/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	DCPS	☐ DELETE	I.1 TITLE					Change	Addition
NAME	BACON, MARK N	· · · · · · · · · · · · · · · · · · ·	1.2 NAME				•		1
					021		HIGHLAND DR.		
STREET ADDRESS	-5439 KINGS MONT DR.		1.3 STREE	T ADDRESS	071		MONETHIND PK.	· /	
CITY-ST-ZIP	LAKELAND FL		4 CITY-S	ST-ZIP					
TITLE	V	☐ DELETE :	2.1 TITLE				•	Change	☐ Addition
NAME	BACON, MARY E		2.2 NAME		Š				
STREET ADDRESS	.5439 KINGS-MONT DR.		3.STREE	TADDRESS	931	E.	HIGHLAND DR.		
	LAKELAND FL				• , ,	•	-		
CITY-ST-ZIP	LANELAND FL		2. 4 CITY-5	51-ZIP	•			☐ Change	Addition
TITLE			31 TITLE				•		
NAME		į:	3.2 NAME	ļ			•		Į
STREET ADDRESS		ł;	3.3 STREE	T ADDRESS					1
CITY-ST-ZIP			3.4. CITY-1	ST-ZIP					
TITLE			1.1 TITLE					☐ Change	Addition
			1. 2 NAME	,				_	ĺ
NAME									ļ
STREET ADDRESS		I .	4.3 STREE	T ADDRESS			•		1
CITY-ST-ZIP			1.4 CITY-S	ST-ZIP			<u> </u>		
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition }
NAME		1:	5.2 NAME			,			
STREET ADDRESS		1.	5.3 STREE	TADDRESS					
			5.4 CITY- S				•		
CITY-ST-ZIP			5.4 CITTLE	JI-ZIF				Change	Addition
TITLE		- Delete		-				□ cnange	C MODITION
NAME		1	3.2 NAME	1					
STREET ADDRESS		1	6.3 STREE	TADORESS			•		ì

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 ether like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP