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Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



### FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # G09137**

MAR-GUY ENTERPRISES, INC.

# **FILED** Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90032 033 \*\*\*150.00

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Principal Place	e of Business	Mailing Address							
ROUTE 16 BOX	X 538	ROUTE 16. BOX 538		-`					
US FL 32055		LAKE CITY FL 32055	>-	<b>~</b>	DO NO	T WRITE IN THIS	SPACE		
				استبيت	3. Date Incorporated or Qu			<del></del>	
					11/22/1982			<u> </u>	
2 Principal Pl	lace of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number		Ap	plied For	
21	age of boginess	26			59-2227550		No	t Applicable	
Suite, Apt. i	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional	}
22	.,	27			5. Certifcate of Status Des	sired 🗀	Fee Re	quired	
City & State	e	City & State			6. Election Campaign Fina	ancing _	\$5.00	May Be	
23		28			Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes to	he current year Int	angible		
24	25	29	30		Personal Property Tax.		☐Yes	₩No	
<del></del>	9. Name and Address of	of Current Registered Agent			10. Name and Address of	New Registered	Agent		
				81 Name				ļ	
ĠUY,	, Grady		-	82 Street Ad	ddress (P.O. Box Number is Not A	Accentable)			Ì
ROU	TE 16, BOX 538			52 Sileet Au	Idless (F.O. Box Namber is Not )	чосершью)			
L'AKE	CITY FL 32055			83					}
-							los Zin		}
	•			B4 City		FL	85 Zip	Code	
44 Purcuant	to the provisions of Sections	s 607.0502 and 607.1508, Florida St	atutes, the ab	ove-named co	prporation submits this statement	for the purpose of	changing its	registered	
office or re	egistered agent or both in t	the State of Florida. Such change wathe obligations of, Section 607.0505,	as authorized	by the corbora	ation's board of directors. I hereb	y accept the appoi	ntment as re	gistered	
	itt farrimar tijat, and accept t	and obligations of occurrent	Florida Statul	tes.					
SIGNATURE			Flonda Statul	ies.					_
i	Signature, typed or printed name of re-	gistered agent and title if applicable (N	NOTE: Registered	ies.	uired when reinstating)	DATE	ID DIRECTO	 DRS IN 12	(86)
12.	Signature, typed or printed name of re	egistered agent and title if applicable (N	NOTE: Registered A	gent signature requ		DATE	ID DIRECTO	DRS IN 12	11/98)
12.	Signature, typed or printed name of re OFFIG	gistered agent and title if applicable (N	NOTE: Registered A  13.	es. Gent signature requ	uired when reinstating)	DATE			4 (11/98)
12. TITLE NAME	Signature, typed or printed name of re OFFIG PSD GUY, GRADY	egistered agent and title if applicable (N	NOTE: Registered A  13. 1.1 TITL 1.2 NAA	es. gent signature requ E	uired when reinstating)	DATE			
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of re OFFIG PSD GUY, GRADY ROUTE 16, BOX 538	egistered agent and title if applicable (N	13. 1.1 TITL 1.2 NAM	Les.  Les .  Les	uired when reinstating)	DATE			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of re OFFIG PSD GUY, GRADY ROUTE 16, BOX 538 LAKE CITY FL 32055	gistered agent and title if applicable (N CERS AND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	E  E  E  E  E  F  F  F  F  F  F  F  F  F	uired when reinstating)	DATE			CR2E034 (11/98)
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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 other like empowered.