FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 1:38

DOCUMENT # **G91664** **(4)**

1. Corporation Name
MARSH COVE EQUITIES, INC.

Principal Place of Business
6620 SOUTHPOINT DR SO
STE 600
JACKSONVILLE FL 32216
US

Mailing Address
P O BOX 16425
JACKSONVILLE FL 32245

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/14/1984
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business
21 9551 Baymeadows Rd.
22 Suite 4
23 Jacksonville, FL
24 Zip 32256
25 Country Duval

2a. Mailing Address
26
27
28
29 Zip
30 Country

4. FEI Number: 59-2391575 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCCALEB, SCOTT L.
6620 SOUTHPOINT DR SOUTH
STE 600
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: Wallace, L. D.
82 Street Address (P.O. Box Number is Not Acceptable): 9551 Baymeadows Rd.
83 Suite 4
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: [signature] L. Denise Wallace DATE: 3/23/95
Registered typed or printed name of registered agent and the capacity
NOTE: Registered Agent signature required when reinstated

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	DPVT ☒ Change ☐ Addition
NAME	MCCALEB, SCOTT L.	12 NAME	McCaleb, Scott L.
STREET ADDRESS	6620 SOUTHPOINT DR SO, STE 600	13 STREET ADDRESS	9551 Baymeadows Rd. Suite 4
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	VS	21 TITLE	S ☒ Change ☐ Addition
NAME	MCCALEB, JANET A	22 NAME	Wallace, L.D.
STREET ADDRESS	6620 SOUTHPOINT DR SO STE 600	23 STREET ADDRESS	9551 Baymeadows Rd. Suite 4
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 3/23/95 904-276-0998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
L. Denise Wallace

0407388 FP