

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

FILED
May 18 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 # H20952 (8)

1. Corporation Name
MARGIE'S ANTIQUE MARKET PLACE, INC.

Principal Place of Business

Mailing Address

C/O MARJORIE M. WIERENGO
2216 ANDERSON AVENUE
FORT MYERS FL 33901

C/O MARJORIE M. WIERENGO
2216 ANDERSON AVENUE
FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/13/1984

4. FEI Number

59-2462924

Applied For

Not Applicable

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. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2216 Martin Luther King Jr Blvd

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Fort Myers Fl

28 City & State

24 Zip

Country

29 Zip

Country

25 22901

30 22901

9. Name and Address of Current Registered Agent

WIERENGO, MARJORIE M. Welch, Marjorie M.
2216 ANDERSON AVENUE
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

Welch, Marjorie M

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

2216 Martin Luther King Jr Blvd

83

Fort Myers Fl 33901

84 City

FL

85 Zip Code

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

Marjorie M. Welch

4/19/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD WIERENGO, ROGER L.

STREET ADDRESS 23 LIVE OAK LANE

CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME STV WELCH, MARGIE

STREET ADDRESS 23 LIVE OAK LANE

CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ 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

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

Marjorie M. Welch

Marjorie Welch

12/26/90

941-332-3321

CR2E034 (10/97)