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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H67169

(3)

1. Corporation Name

THE MARVIK CORPORATION

Principal Place of Business

2156 HEATHEROAK DR.
APOPKA FL 32703

Mailing Address

2156 HEATHEROAK DR.
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/18/1985

3a. Date of Last Report

04/21/1994

2. Principal Place of Business

21 114 A Wisteria Drive

Suite, Apt. #, etc.

2a. Mailing Address

26 114 A Wisteria Drive

Suite, Apt. #, etc.

City & State

23 Longwood FL

Zip Country

24 32779 25 USA

City & State

28 Longwood FL

Zip Country

29 32779 30 USA

4. FEI Number

59-2569219

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIDGEWAY, JOHN MARK
2156 HEATHEROAK DR
APOPKA FL 32703

81 Name

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

83 114 A Wisteria Drive

84 City

Longwood

FL

85 Zip Code

32779

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME RIDGEWAY, JOHN MARK
STREET ADDRESS 2156 HEATHEROAK DR
CITY-ST-ZIP APOPKA FL

TITLE VS
NAME RIDGEWAY, VICKI J.
STREET ADDRESS 2156 HEATHEROAK DR
CITY-ST-ZIP APOPKA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 114 A Wisteria Drive

1.4 CITY-ST-ZIP Longwood, FL 32779

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 114 A Wisteria Drive

2.4 CITY-ST-ZIP Longwood, FL 32779

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 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)(k), 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:

Vicki J. Ridgeway Vicki J. Ridgeway

4-21-95

(407) 774-4401

(Signature and typed or printed name of signing officer or director)

(Date)

(Telephone Number)