

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 MAY 16 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # J21993 (7)

1. Corporation Name  
MARATHON H.M.A., INC.

Principal Place of Business

5811 PELICAN BAY BLVD  
S500  
NAPLES FL 33963-2738  
US

Mailing Address

5811 PELICAN BAY BLVD  
S500  
NAPLES FL 34108-2752  
US

3. Date Incorporated or Qualified

07/01/1986

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

21 Suite Apt #, etc.

22 City & State

23 Zip

Country

24 34108

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2691110

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

GARLICK, THOMAS B.  
800 LAUREL OAK DR.  
SUITE 400  
NAPLES FL 33963-2738

10. Name and Address of New Registered Agent

81 Name

CT Corporation System

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

1200 S. Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

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

PETER F. SOUZA

ASSISTANT SECRETARY

5/3/97

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE

NAME SCHOEN, WILLIAM J.  
STREET ADDRESS 5811 PELICAN BAY BLVD  
CITY-ST-ZIP NAPLES FL

TITLE DSV ☐ DELETE

NAME SMITH, ROBB L.  
STREET ADDRESS 5811 PELICAN BAY BLVD  
CITY-ST-ZIP NAPLES FL

TITLE VTD ☐ DELETE

NAME RAY, STEPHEN M  
STREET ADDRESS 5811 PELICAN BAY BLVD., STE. 500  
CITY-ST-ZIP NAPLES 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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

500002183515-12

-05/19/97--01130--004

\*\*\*\*\*165.00 \*\*\*\*\*165.00

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do 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:

ROBB L. SMITH

4/28/97 (941) 598-3051

DATE

DAYTIME PHONE #

CR2E034 (9/96)