Applied For

\$8.75 Additional

Fee Required-

\$5.00 May Be

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K26244

MARSHPOINT, INC.

Prin	cipal Pla	ice of Bu	ısiness
6241	RIVIERA	MANOR	DR

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL 32216

21

Mailing Address

6241 RIVIERA MANOR DR JACKSONVILLE FL 32216

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90199 013 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

06/10/1988 4. FEI Number

59-2902663

23		28				Τ	rust Fund C	ontribution_	<u> </u>	Added	to Fees	
Zip	Country	Zip		Country		8. T	his corporat	ion owes the o	current year Int	tangible	_	
24	25	29	30			P	Personal Pro	perty Tax.		☐ Yes	□No	
9. Name and Address of Current Registered Agent							Name and A	ddress of Ne	w Registered	Agent		
WILSON, STEPHEN K. 6241 RIVIERA MANOR DRIVE JACKSONVILLE FL 32216			81	Name						l l		
			82	82 Street Address (P.O. Box Number is Not Acceptable)								
				de dispersion (i to an italian in the indepense)								
			83									
				84 City 85 Zip Code								
					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		and title if perlicoble	/NOTC: Pegie	tarad Agen	t eknosture re	required when rein	nstating)		DATE		_ 	
12.	Signature, typed or printed name of registered age	ID DIRECTORS		13.	. argenature le			HANGES TO	OFFICERS AN	ND DIRECTO	ORS IN 12	
TITLE	DP			.1 TITLE		T				☐ Change	☐ Addition	
NAME	WILSON, STEPHEN K.		1	.2 NAME								
STREET ADDRESS	2011 PHETE A MANIOO DD			.3 STREET	ADORESS	,)					Ì	
	IACKCONVALLE EL			.4 CITY-ST	f						1	
CITY-ST-ZIP TITLE	DST			11 TITLE	-2"	 				☐ Change	☐ Addition	
NAME	WILSON, PATRICIA C.	_	į.	2.2 NAME							}	
STREET ADDRESS	6241 RIVIERA MANOR DR			2.3 STREET	ADDRESS)	
CITY-ST-ZIP	JACKSONVILLE FL		-	2.4 CITY-S		\ k		_	•	-		
TITLE	O TOTO O TTTEEE TE			3.1 TITLE	, 2					Change	Addition	
NAME			3	2 NAME								
STREET ADDRESS			3	3.3 STREET	ADDRESS	<u>, </u>					ĺ	
CITY-ST-ZIP				3.4. CITY-S	- 1			,				
TITLE				I.1 TITLE		-				Change	☐ Addition	
NAME			4	. 2 NAME								
STREET ADDRESS				.3 STREET	ADDRESS	3						
CITY-ST-ZIP				I.4 CITY-ST	- 1							
TITLE				.1 TITLE		1		-		☐ Change	Addition	
NAME			5	5.2 NAME								
STREET ADDRESS			5	5.3 STREET	ADDRESS	s					j	
CITY-ST-ZIP				5.4 CITY-S1	r-ziP						}	
TITLE			DELETE 6	3.1 TITLE		1				Change	Addition	
NAME			6	2 NAME			•				1	
STREET ADDRESS			1	3.3 STREET	ADDRESS	3					}	
CITY-ST-ZIP				6.4 CITY-ST	r-ziP							
Ott 1-31-21	<u></u>						440.03/0\/0	Classic Otals		diffe that the	2.6	

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.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF