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 # K27430

GEMENT COMPANY, INC.

| 1. | Corporation Name | | | | |
|-----------------------------|--------------------------|--|--|--|--|
| { | Marathon Man | | | | |
| | , | | | | |
| Principal Place of Business | | | | | |
| 197 | I W. LUMSDEN RD | | | | |
| | TE 142 | | | | |
| BRA | INDON FL 33511 | | | | |
| | | | | | |
| | <u> </u> | | | | |
| 2. | Principal Place of Busin | | | | |
| 21 | <u>Same as a</u> | | | | |
| | Suite, Apt. #, etc. | | | | |
| 22 | <u> </u> | | | | |
| | City & State | | | | |
| 23 | · · | | | | |
| | Zip | | | | |
| 24 | [| | | | |
| | 9. Name | | | | |
| | | | | | |
| | STONER, BETT | | | | |
| | 1971 W. Lums i | | | | |
| | SHITE 142 | | | | |

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90076 037 ***158.75



| Principal Place of Business Mailing Address | | | | | | - T \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | |
|---|--|----------------------------------|----------------------|-------------|--------------------|--|--|
| | | | | | | | |
| 1971 W. LUMSDEN RD 1971 W. LUMSDEN RD SUITE 142 SUITE 142 | | | • | | | · | |
| BRANDON FL 33511 BRANDON FL 33511 | | | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed | |
| | • | | | | | 06/30/1988 | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | - | 4. FEI Number Applied For | |
| 21 Same as above 26 Same as a | | | above | bove | | 65-0062696 Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired | |
| 27 | | | | | | 5. Certificate of Status Desired Fee Required | |
| City & State City & State | | | | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 28 | | | _ | | | Trust Fund Contribution Added to Fees | |
| Zip | Country | Zip | Zip Country | | | 8. This corporation owes the current year Intangible | |
| 24 | 25 | 29 | 30 | | _ | Personal Property Tax. Yes No | |
| | 9. Name and Address of Current | Registered Agent | | | _ | 10. Name and Address of New Registered Agent | |
| | | | ٤ | 31 N | Name | , | |
| | NER, BETTY | | 18 | 32 5 | Street Addres | ss (P.O. Box Number is Not Acceptable) | |
| | I W. LUMSDEN RD. | | L | | | | |
| | TE 142 | | [8 | 33 | | | |
| BRA | NDON FL 33511 | | - | | <u></u> | 85 Zip Code | |
| | | | ' | 34 (| City | FL S Z P C C C C C C C C C | |
| 11 Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statuti | es, the abo | ove-n | amed corpor | ration submits this statement for the purpose of changing its registered | |
| office or r | egistered agent, or both, in the State of m familiar with, and accept the obligation | if Florida. Such change was a | utnorized t | ov tne | e corporation | n's board of directors. I hereby accept the appointment as registered | |
| agent. i a | m tamiliar with, and accept the obligati | 1011S 01, Section 607.0000, 1 10 | ilda Otatut | 6 0. | | · | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE | : Registered A | gent sk | gnature required v | when reinstating) DATE | |
| 12, | OFFICERS ANI | | 13. | | _ | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | Р | ☐ DELETE | 1.1 TITU | E | | ☐ Change ☐ Addition | |
| NAME | STONER, RICHARD E. | | 1.2 NAM | E | | · | |
| STREET ADDRESS | 4074 141 11111000011 00 | | 1.3 STR | EET AD | ODRESS | | |
| CITY-ST-ZIP | BRANDON FL | | 1.4 CITY | -ST-Z | 1P | | |
| TITLE | ST | ☐ DELETE | 2.1 TITL | | | Change Addition | |
| NAME | STONER, BETTY | | 2.2 NAM | Æ | | | |
| | 1971 W. LUMSDEN RD. | | 2.3 STR | | nneess | ŕ | |
| STREET ADDRESS | BRANDON FL | | 2.4 CIT | | | · | |
| CITY-ST-ZIP | VP | ☐ DELETE | 3.1 TITL | | <u> </u> | ☐ Change ☐ Addition | |
| TITLE | 1 '' | | 3.2 NAM | | | | |
| NAME | O'MALLEY, ROBIN 4425 KINGWOOD DR. #117 | • | 3.3 STR | | ADDEGG | | |
| STREET ADDRESS | | | 4 | | - 1 | | |
| CITY-ST-ZIP | KINGWOOD TE | ☐ DELETE | 3.4. CIT 4.1 TITL | | ur I | ☐ Change ☐ Addition | |
| TITLE | <u>,</u> | ` ∩ nere (e | | | İ | | |
| NAME | | , . | 4. 2 NAM | | | | |
| STREET ADDRESS | | | | | DDRESS | • | |
| CITY-ST-ZIP | | | 4.4 CITY | | <u>TP</u> | ☐ Change ☐ Addition | |
| TITLE | | ☐ DELETE | 5.1 TITL | | | □ Augude □ Vocution | |
| NAME . | | | 5.2 NAM | | | • | |
| STREET ADDRESS |] | | | | DORESS | | |
| CITY-ST-ZIP | | | 5.4 CITY | | IP | | |
| TITLE |) | ·· □ DELETE | 6.1 TITL | | | . Change Addition | |
| NAME | [| * | 6.2 NAM | | | | |
| | \ | | 072 C2 | CCT AT | DDRESS | | |

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 chapted or on an attact then with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

REQUBETTY Stoner