## 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 # K44764

MARKEN PROPERTIES, INC.

Principal Place	of Business	Mailing Address			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	141, 4,41, 5.5.	
C/O RONALD D. MARTIN 322 TIMBERLINE DR. CRESTVIEW FL 32539 US		C/O RONALD D. MARTIN 322 TIMBERLINE DR CRESTVIEW FL 32539 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
					11/16/1988		
Principal Place of Business     2a. Mailing Address				-	4. FEI Number		Applied For
21 322 7	imberline Dr.	26 322 TimberLine	-01	۸,	59-2920957		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		5 Additional Required
City & State	trien, Ha.	City & State  28 Crestview H	la.		6. Election Campaign Financing Trust Fund Contribution		May Be
Zip 24 345	Country 9 25 (), S.	Zip 3 L 3 9 30	Country	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	This corporation owes the current year In Personal Property Tax.	tangible Yes	□No
24 743 /	9. Name and Address of Current				10. Name and Address of New Registered	Agent	
			81	Name			
Martin, Ronald D.				Street A	ddress (P.O. Box Number is Not Acceptable)		
322 TIMBERLINE DR			82				
CHE	STVIEW FL 32539		83				ļ
			84	City	FI	85 Zi	ip Code
		0 1007 4500 51-14- 61-4-4-	<u> </u>		corporation submits this statement for the purpose	-	its registered
l office or o	edistered agent, or both, in the State (	of Florida. Such change was autho	nzea by	tne corpor	ration's board of directors. I hereby accept the appo	intment as	registered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florida	Statutes	5.			
SIGNATURE	Signature, typed or printed name of registered agen	A - Julia V annianta (NOTE: Pac	ictored Ace	nt ekanotura rac	quired when reinstating) DATE		Ì
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE			1.1 TITLE			Chang	ge 🔲 Addition
NAME	MARTIN, RONALD D.		1.2 NAME	-			1
STREET ADDRESS	322 TIMBERLINE DRIVE		1.3 STREE	TADDRESS			
CITY-ST-ZIP	0		1.4 CITY-5	ST-ZIP			
TITLE	ST	☐ DELETE 2.1 T				Chang	ge
NAME	MARTIN,PAT 22N		2.2 NAME	.			i
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		Chang	ge Addition
TITLE		☐ DELETE 3,11				Cliani	,e
NAME			3.2 NAME	l			-
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-1	SI-ZIP		Chang	ge Addition
NAME		<u></u>	4. 2 NAME	.			. –
STREET ADDRESS				TADORESS			
CITY-ST-ZIP		1	4.4 CITY-S				
TITLE		DELETE 5.11				Chang	ge Addition
NAME			5.2 NAME		·		
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	61 TITLE			☐ Chang	ge 🔲 Addition

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

**SIGNATURE:** 

NAME

STREET ADDRESS

850-683-1073

**FILED** 

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90008 014 \*\*\*150.00