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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business 10 N COLUMBIA STREET

Principal Place of Business

LAKE CITY FL 32055

Suite, Apt. #, etc.

City & State

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Zip



FLORIDA DEPARTMENT OF STATE

DOCUMENT # K83087 MARSH HOLDINGS, INC.

Country

9. Name and Address of Current Registered Agent

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HALEY, WILLIAM J.

10 N COLUMBIA ST

LAKE CITY FL 32055

(2)

Mailing Address

P O BOX 1029

LAKE CITY FL 32058

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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Zip

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

**FILED** May 06 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/25/1989 FEI Number Applied For 26-5960587 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees a. This corporation owes or has paid the current lear Intangible □ No Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

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.

Country

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83 84 City

Name

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SIGNATURE	Signature, typod or ponted name of registered agent and title if applie	able (NOTE	Registered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND DIRECTOR	S	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE	VPST	DELETE	1.1 TITLE	Change A	ddition
NAME	HALEY, WILLIAM J.		1.2 NAME		
STREET ADDRESS	10 N COLUMBIA ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		1.4 CITY-ST-ZIP		
TITLE	PO	DELETE	2.1 TITLE	Change A	dditior
NAME	OOSTERHOUDT, F.S., III		22 NAME		
STREET ADDRESS	2817 E DUVAL LST		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE	☐ Change ☐ Ad	dditior
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE.	41 TITLE	☐ Change ☐ Ac	ddilio
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change A	dditior
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Ac	ddition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-7IP			64 CITY ST. 7IP		

14. Thereby 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 in attachment with an address.

Zip Code

85