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 # L03142

FRANK MARSHALL, INC.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90070 038 ***150.00



								/	
Principal Place	of Business	Mailing Address	:			1 10011011 011 00100 11101 11011 01010	1181 6181) 61611 1	118+1 81811 SI	3:1 A10:11 :40:1
1189 EGLIN PKW PO BOX 851 SHALIMAR FL 33		PO BOX 851	1189 EGLIN PKWY. PO BOX 851 Shalimar Fl. 32579-1252			DO NOT WRITE IN THIS SPACE			
VI PERMITTI C PERMITTI						3. Date Incorporated or Qualifed		-	
1						07/13/1989			
2. Principal Pla	ace of Business	2a. Mailing Addr	Mailing Address			4. FEI Number		Apr	olied For
21		26	26			59-2966927		Not	Applicable
Suite, Apt. i	#, etc	Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired	П -	\$ 8.75 ∧	
22 27						3. Certificate of Status Desired.—		Fee Red	quired
City & State	9	City & State	City & State			6. Election Campaign Financing	□ ·	\$5.00	May Be
23	•	28	28			Trust Fund Contribution	<u> </u>	Added to	Fees
Zip	Country Zip			Country		8. This corporation owes the current			_
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered Ag	<u>ent</u>	
				81	Name				
MARSHALL, FRANK				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	POWELL DR.		-						
FT. W	VALTON BCH. FL 32548								
				84	City			85 Zip C	ode
	•			1	•		FL		<u> </u>
office or re	to the provisions of Sections 607.05 agistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such char	ige was authori:	žed by	tne corporation	poration submits this statement for the pi on's board of directors. I hereby accept	ше арропш	ent as reg	jistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg					t signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE AND	DIRECTO	DC IN 12
12.		OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI		Change	Addition
TITLE	D DELETE			1.1 TITLE				_ onlange	
NAME	MARSHALL, FRANK		1.2 NAME						
STREET ADDRESS	652 POWELL DR.				ADDRESS				
CITY-ST-ZIP	FT. WALTON BCH. FL			4 CITY-S	T-ZIP			Change	Addition
TITLE	D DELETE			2.1 TITLE			Ļ	_ Citalige	
NAME	MARSHALL, SUSAN			22 NAME					
STREET ADDRESS	652 POWELL DR		2.	2.3 STREET ADDRESS					ļ
CITY-ST-ZIP	FT. WALTON BCH-FL			2.4 CITY-ST-ZIP				7 Change	Addition
TILE	D DELETE			1 TITLE				_ Change	Addition
NAME	MARSHALL, MELINDA		1	2 NAME					
STREET ADDRESS	652 POWELL DR.		3.	3 STREET	ADDRESS				
CITY-ST-ZIP	FT. WALTON BCH. FL			3.4. CITY-ST-ZIP			г		Addistac
TITLE				1 TITLE			L	_ Change	Addition
NAME			4.	2 NAME					
STREET ADDRESS			4.	3 STREET	ADDRESS				
CITY-ST-ZIP				4 CITY-S	T- ZIP			7.01	
TITLE				1 TITLE			l,] Change	Addition
NAME	_			2 NAME	1				
STREET ADDRESS	· • · · · · ·	•	5.	3 STREET	ADDRESS				ļ
CITY-ST-ZIP				4 CITY-S	T-ZIP				
TITLE				1 TITLE				_ Change	☐ Addition
NAME				2 NAME					
STREET ADDRESS					ADDRESS				
Crty-ST-ZIP			6.	4 CITY-S	T-ZIP				

CITY-ST-ZIP 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 on an attachment with an address with all other like empowered.

SIGNATURE:

8508630063