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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P06317

(2)

MARSHA	LL PROPERTIES, INC.										
Principal Piace	e of Business	Mailing Add	tress					A NABILIDDI OLI MALLA ALFAN 1978 I ILPII 1881 I		ALI DIDIL BIDIL A	
P.O. BOX 840 LIMA OH 45802	?		P.O. BOX 840 LIMA OH 45802-0840								
							3	Date Incorporated or Qualified 06/05/1985		ite of Last Re)1/1996	aport
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address				4	I. FEI Number			plied For
21		26						38-2583847			t Applicable
Suite, Apt	#, etc.	⊢	Suite, Apt. #, etc.					6. Certificate of Status Desired		\$8.75 A	
City & State	£1	27 City & S	City & State					3. Election Campaign Financing		\$5.00	
23	·	├ ─ŋ	28				'	Trust Fund Contribution		Added t	
Zip	Country	Zip						This corporation has liability for	liability for intangible tax under s. 199.032,		
24	25	29	29 30					Florida Statutes Yes No			
	9. Name and Address of Cur	rent Registered Ag	ent				1(). Name and Address of New Re	gistered /	Agent	
	Lis, John S.				81	Name					
101 E. KENNEDY BLVD., SUITE 2500					82 Street Address (P.O. Box Number is Not Acceptable)				le)		
TAM	IPA FL 33602				63						
										 	
					84	City			FL	. 1 - 1	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508,	Florida Statute	es, the a	bove	named	corporat	ion submits this statement for the part of directors. I hereby accept	urpose of	changing it	s registered
office or t	registered agent, or both, in the St	ate of Florida, Such	change was a 607 0505. Flo	uthorize prida Sta	ed by	the corp	poration's	board of directors. I hereby accep	ot the app	ointment as	registered
	art terrifica that, and accept the or	inguitorio di, doditori									
SIGNATURE	Signature, typed or printed name of registered	agent and title II applicable	. (NOTI	E Registere	ed Age	nt signature	e required wh	nen reinstating)	DATE		
12.	.,	AND DIRECTORS	December 1	13.			,	ADDITIONS/CHANGES TO OFFICE	ERS AND	D DIRECTOR Change	RS IN 12
TITLE	DP		☐ DETELE		ITLE					Ciralige	L.J AUGINON
NAME	BORRA PIER C.				NAME	4 B B B F 6 6					
STREET ADDRESS	1100 SHAWNEE RD.			ı.		ADDRESS					
City-ST-ZIP Title	LIMA OH 45805 AST		DELETE		CITY-S'	1 - ZIP	Teach	uter		Change	Addition
NAME	KKMENGERT, STEPHEN M	'	(A) OLCOID		NAME		Oan	shownee Rd.			
STREET ADORESS	1100 SHAWNEE					ADDRESS	1100	Shownee Rd.			·
CITY-ST-2IF	LIMA OH				CITY-S		Lim	4 OH 45805			
TITLE	SD		DELETE		TITLE			<u> </u>		Change	☐ Addition
NAME	ROUSH BRAD C.			3.2	NAME						i
STREET ADDRESS	1100 SHAWNEE ROAD			335	STREET	ADDRESS					
CHY-ST-ZiP	LIMA OH			3 4	CITY-S	ST-ZIP					
HILE	٧		DELETE	4.11	TITLE					Change	Addition
NAME	CLARK RICHARD J.			4.2	NAME		İ				
STREET ADDRESS	1100 SHAWNEE ROAD					ADDRESS					
CITY - \$1 - ZIP	LIMA OH 45805		DELETE		CITY-S	T-ZIP	-			Change	Addition
TITLE			L. DELETE	1	TETLE					- Ollarige	Land Address of the
NA VE					NAME Crocer	ADDOCCO					
STREET ADDRESS						ADDRESS					
C(TY - ST - ZIP			DELETE		CITY-S TITLE	11-211				Change	Addition
NAME					NAME						
STREET ADDRESS				- 1		ADDRESS					
DIRECT RUDGESS				H	CITY-S						

14. I do 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.

SIGNATURE:

Dale

Daytime Phone #

FILED

May 15 1997 8:00am

Secretary of State