

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000021037 (5)**

1. Corporation Name

MARAQUEST, INC.



Principal Place of Business

**8723 TEMPLE TERRACE HIGHWAY
TAMPA FL 33637**

Mailing Address

**8723 TEMPLE TERRACE HIGHWAY
TAMPA FL 33637**

3. Date Incorporated or Qualified
03/22/1993

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

21 **1455 W Busch Blvd**

2a. Mailing Address

26 **1455 W Busch Blvd**

4. FEI Number

59-3179670

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **PO Box 280340**

Suite, Apt. #, etc.

27 **PO Box 280340**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

City & State

23 **Tampa FL**

City & State

28 **Tampa FL**

6. Election Campaign Financing

Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

Zip

24 **33682-0340**

Country

Zip

29 **33682-0340**

Country

25

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DANIEL, KARVONEM R
8723 TEMPLE TERRACE HWY.
TAMPA FL 33601**

81 Name

Karvonen, Daniel S

82 Street Address (P.O. Box Number is Not Acceptable)

1455 W Busch Blvd

83

PO Box 280340

84

Tampa, FL

FL

85 Zip Code

33682-0340

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **KARVONEN, DANIEL S**
STREET ADDRESS **8723 TEMPLE TERRACE HWY.**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE

NAME **DEAN, MOON E**
STREET ADDRESS **3987 PACES FERRY DR**
CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **P** ☐ DELETE

NAME **CAFLISCH, CLARK G**
STREET ADDRESS **4756 ISLAND VIEW DR.**
CITY-ST-ZIP **OSHKOSH WI 54901**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1455 W Busch Blvd

Tampa FL

33682

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

CFO

Johnson, Duane E

PO Box 4009

Mankato MN

56002-4009

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96 507-386-140
Date Daytime Phone #

CR2E034 (12/95)