

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90055 021 ***150.00

DOCUMENT # P93000046397

1. Corporation Name
MARISUN, INC.

Principal Place of Business

4144 GINGOLD ST.
PT. CHARLOTTE FL 33948
US

Mailing Address

4144 GINGOLD ST.
PT. CHARLOTTE FL 33948
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1993

4. FEI Number

65-0442619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 10381 Tamiami Tr.

Suite, Apt. #, etc.

22 Unit 7

City & State

23 Punta Gorda FL

Zip

24 33950

Country

25 USA

2a. Mailing Address

26 10381 Tamiami Trail

Suite, Apt. #, etc.

27 Unit 7

City & State

28 Punta Gorda, FL

Zip

29 33950

Country

30 USA

9. Name and Address of Current Registered Agent

GRANDIA, JOHANNES
4144 GINGOLD STREET
PT. CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name

Stephan B. Widmeyer

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

3871-A Tamiami Trail

83

84 City

Port Charlotte

FL

85

Zip Code

33952

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

Stephan B. Widmeyer

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-99

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

12. OFFICERS AND DIRECTORS

TITLE VPSD ☒ DELETE

NAME GRANDIA, JOHANNES

STREET ADDRESS 4144 GINGOLD ST.

CITY-ST-ZIP PT. CHARLOTTE FL 33948

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ~~President~~ ☒ Change ☒ Addition

1.2 NAME JEFFREY T. McMASTER

1.3 STREET ADDRESS 10381 Tamiami Trail Unit 7

1.4 CITY-ST-ZIP Punta Gorda, FL 33950

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffrey T. McMaster

4-28-99

941-575-1115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)