

SECOND NOTICE: CORPORATION WILL BE DISSOLVED TWO (2) AFTER AUGUST 8, 1994.
AMOUNT DUE ON OR BEFORE 8/8/94: \$225 (IF OVERDUE, INTEREST AMOUNT DUE TO REINSTATE: \$275)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL 25 AM 10: 52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000049630 (5)

1. Corporation Name

MARGUERITE VINCENT CORPORATION

Principal Place of Business

**1415 PINEHURST RD.
UNIT K
DUNEDIN FL 34698
US**

Mailing Address

**1415 PINEHURST RD.
UNIT K
DUNEDIN FL 34698
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1993

3a. Date of Last Report

07/18/1994

4. FEI Number

59-3190081

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 has liability for intangible tax under s. 194.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**COTON, LUIS D
4021 N ARMENIA AVE., S-204
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 of agent.

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KIRKBY, RODNEY V.
STREET ADDRESS 1415 PINEHURST RD., UNIT K
CITY, ST, ZIP DUNEDIN FL

TITLE VSD
NAME KIRBY, SANDRA M.
STREET ADDRESS 1415 PINEHURST RD., UNIT K
CITY, ST, ZIP DUNEDIN FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE VSD
22 NAME KIRKBY, SHAWNA L.
23 STREET ADDRESS 1415 PINEHURST RD., UNIT K
24 CITY, ST, ZIP DUNEDIN FL 34698

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R. V. Kirby PRESIDENT RODNEY V. KIRKBY

7-18-95

813 734 1096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CHARTER NUMBER