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

CORPORATION 1998



FLORIDA DEPARTMENT OF STATE

May 18 1998 8:00am Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **DOCUMENT #** P93000084336 (5) MARKO OF LEE COUNTY, INC. Principal Place of Business Mailing Address HILL & COMPANY % HILL & COMPANY **1318 LAFAYETTE STREET** 1318 LAFAYETTE STREET DO NOT WRITE IN THIS SPACE CAPE CORAL FL 33904 CAPE CORAL FL 33904 3. Date Incorporated or Qualified 12/02/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0450765 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip Country $Z_{(i)}$ 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. 24 29 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent R1 HILL, THOMAS W 1318 LAFAYETTE ST. Street Address (P.O. Box Number is Not Acceptable) 82 CAPE CORAL FL 33904 83 84 City 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 if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition TITLE 1.1 10114 NAME JAKOB, ULRICH 1.2 NAME 1318 LAFAYETTE STREET 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP 14 CHY-ST-ZIP ☐ DELETE Change Addition TITLE 21 TITLE NAME HILL, THOMAS W 2.2 NAME STREET ADDRESS **1318 LAFAYETTE STREET** 2.3 STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THEE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change ■ Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 14. Thereby 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 Indepty Certify that the information supplied with this thing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Therefore certify that the information indicated on this annual report of suppliermental 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 changes, if on an attachment within addition.

The same 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 changes, if on an attachment within addition.

L1-19-9D

FILED

(10/97 CR2E034