FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 10 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000016755 (8)**

1. Corporation Name
MARCAN, INC.

Principal Place of Business	Mailing Address
112 HIGHLAND DR. COCOA FL 32922	112 HIGHLAND DR. COCOA FL 32922

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/02/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 540 Challenger Road	26 540 Challenger Road
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Cape Canaveral, FL	28 City & State: Cape Canaveral, FL
24 Zip: 32920 25 Country: USA	29 Zip: 32920 30 Country: USA

4. FEI Number: 59-3225710 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PETERS, MARK S ESQ.
STEVENS, PETERS, & GREENFIELD, P.A.
775 E. MERRITT ISLAND CSWY., STE. 310
MERRITT ISLAND FL 32954

10. Name and Address of New Registered Agent

81 Name: Markey, Kevin P ESQ
82 Street Address (P.O. Box Number is Not Acceptable): 15 E. Merritt Island CSWY.
83
84 City: Merritt Island **FL** 85 Zip Code: 32952

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] 5/25/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	1.1 TITLE	PST D	☒ Change ☐ Addition
NAME	GRACHIS, JANICE L	1.2 NAME	Eastwood, Richard	
STREET ADDRESS	112 HIGHLAND DRIVE	1.3 STREET ADDRESS	540 Challenger Road	
CITY-ST-ZIP	COCOA FL 32922	1.4 CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE		2.1 TITLE	D	☐ Change ☒ Addition
NAME		2.2 NAME	Eastwood, Fleta	
STREET ADDRESS		2.3 STREET ADDRESS	504 Fillmore Ave APT A-9	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: [signature] Richard Eastwood 5-18-95 784-8744
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

4/07

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