

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 # P94000016755 (8)

1. Corporation Name  
MARCAN, INC.



Principal Place of Business

540 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920  
US

Mailing Address

540 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MARKEY, KEVIN P  
15 E MERRITT ISLAND CSWY  
MERRITT ISLAND FL 32952

3. Date Incorporated or Qualified  
03/02/1994

3a. Date of Last Report  
07/10/1995

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

10. Name and Address of New Registered Agent

81 Name

Kevin P. Markey, Esquire

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

410 W. Merritt Avenue

83

84 City

Merritt Island

FL

85 Zip Code

32953

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 fee, if applicable

(Print) Registered Agent Signature required when incorporating

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME PST  
STREET ADDRESS GRACHIS, JANICE L  
CITY-ST-ZIP 112 HIGHLAND DRIVE  
COCOA FL 32922

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 P/D/T ☐ Change ☒ Addition  
1.2 NAME Richard Eastwood  
1.3 STREET ADDRESS 300 S. Banana River Boulevard, 306  
1.4 CITY-ST-ZIP Cocoa Beach, FL 32931

2.1 TITLE S/D ☐ Change ☒ Addition  
2.2 NAME Fleta M. Eastwood  
2.3 STREET ADDRESS 300 S. Banana River Boulevard, 306  
2.4 CITY-ST-ZIP Cocoa Beach, FL 32931

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 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:

Richard Eastwood

RICHARD EASTWOOD

6-22-96

407-784-8744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)