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

**PROFIT CORPORATION ANNUAL REPORT** 1998 DOCUMENT # P94000018801 MARQUEZ, HALL & JOHNSON, INC.

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

## **FILED** Mar 13 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			
4420 N.W. 36TH AVE.	4420 N.W. 36TH AV			
GAINESVILLE FL 32606	GAINESVILLE FL 32	606 / // 1/2	DO NOT WRITE IN THE CRACE	
			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address	<del></del>	03/10/1994 4. FEI Number Applied For	
<del></del>	<del> </del>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Suite, Apt. #, etc.	26   Suite, Apt. #, etc.			
22	<u>⊢</u> , ·	•	5. Certificate of Status Desired	
City & State	City & State			
<del></del> 1	<u></u>		6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees	
Zip Cou	untry Zip	Country	7,000 12 1 000	
24 25	<u>-</u>	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	29 dress of Current Registered Agent	130	10. Name and Address of New Registered Agent	
MARQUEZ, GERARDO L 81 Name				
4420 N.W. 36TH AVE.		B2 Street A	ddress (P.O. Box Number is Not Acceptable)	
Gainesville FL 32606		63		
		63		
		84 City	85 Zip Code	
			FL   10   2   2   2   2   2   2   2   2   2	
11. Pursuant to the provisions of S	Sections 607.0502 and 607.1508, Florida St noth in the State of Florida, Such change w	tatules, the above-named or was authorized by the corno	orporation submits this statement for the purpose of changing its registered	
agent. I am familiar with, and a	accept the obligations of, Section 607.0505	S, Florida Statutes.	ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE				
Signature, typed or printed i		(NOTE: Registered Agent signature re		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT	DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME MARQUEZ, GE		1.2 NAME		
STREET ADDRESS 4420 N.W. 36T		1.3 STREET ADDRESS		
CITY-ST-ZIP GAINESVILLE F	L 32606	1.4 CITY - ST - ZIP		
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET AODRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	·	
TITLE	DELETE		Change Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE		Change Addition	
NAME		4. 2 NAME		
		1		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	☐ Change ☐ Addition	
TITLE	C) Detere			
NAME		5.2 NAME	000000C453366	
STREET ADDRESS		5.3 STREET ADDRESS	600002459366 -03/17/9801041025 ***150.00	
CITY-ST-ZIP		5.4 CITY - ST - ZIP	***120.UU	
TITLE	DELETE	6.1 TITLE	Change Addition	
NAME		6.2 NAME	<i>D5.</i>	
STREET ADDRESS		6.3 STREET ADDRESS	77.12	

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 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 recoiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes or or an officer or the recoiled statutes.