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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P94000031577 (7)

M.R.S., INC.

Principal Place of Business

## FILED Feb 09 1998 8:00am Secretary of State



**CR2E034** 

Mailing Address ROUTE 7. BOX 938 220 ENGLEBRECHT ROAD DEFUNIAK SPRINGS FL 32433 DEFUNIAK SPRINGS FL 32433 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/25/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3734 U.S. Highway 331 26 Suite, Apt. #, etc. 59-3244001 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 2 Dofuniak City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 32433 3 25 WAITON . 29 9. Name and Address of Current Registered Agent 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent Name MYERS, RUTH 220 ENGLEBRECHT RD Street Address (P.O. Box Number is Not Acceptable) 82 **DEFUNIAK SPRINGS FL 32433** 83 84 City Zip Code 11. Pursuant to the provisions of Soctions 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE TITLE 1.1 TITLE Myers, Ruth 220 Englebrecht Rd RUTHERFORD, ROBERT A NAME 1.2 NAME 220 ENGLEBRECHT ROAD STREET ADDRESS 1.3 STREET ADDRESS **DEFUNIAK SPRINGS FL 32433** CITY - ST - ZIP 1.4 CITY- ST- ZIP DELETE 2.1 TITLE MYERS, RUTH NAME 2.2 NAME 220 ENGLEBRECHT ROAD STREET ADDRESS 2.3 STREET ADDRESS **DEFUNIAK SPRINGS FL 32433** CiTY-ST-ZIE 2. 4 CITY - ST- 7IP DELETE. Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE ☐ DELETE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby 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 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 or an attachment with an address.

CIGNATIDE:

Mulaus

2/2/98