

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 # P94000073915 (8)

1. Corporation Name

MARKET SPECIALIST, INC.



Principal Place of Business

5531 SW 7TH AVENUE
OCALA FL 34474

Mailing Address

5531 SW 7TH AVENUE
OCALA FL 34474

2. Principal Place of Business

2a. Mailing Address

21 7434 S.E. 12TH CIR

26 7434 SE 12TH CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Ocala FL

28 Ocala FL

Zip

Country

Zip

Country

24 34480

25

29 34480

30

9. Name and Address of Current Registered Agent

MCAHON, MICHAEL J
5531 SW 7TH AVENUE
OCALA FL 34474

3. Date Incorporated or Qualified

10/05/1994

3a. Date of Last Report

04/11/1995

4. FEI Number

59-3268780

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

7434 SE 12TH CIR

83

84

City

Ocala

FL

85 Zip Code

34480

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 or director (if applicable)

Signature, typed or printed name of registered agent or director (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
MCAHON, MICHAEL J
STREET ADDRESS 5531 SW 7TH AVENUE
CITY-ST-ZIP Ocala FL 34474

TITLE ☐ DELETE

NAME D
MCAHON, TAMMIE L
STREET ADDRESS 5531 SW 7TH AVENUE
CITY-ST-ZIP Ocala FL 34474

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

☒ Change ☐ Addition

11 TITLE PRESIDENT
12 NAME MCAHON, MICHAEL J
13 STREET ADDRESS 7434 SE 12TH CIRCLE
14 CITY-ST-ZIP Ocala FL 34480

☐ Change ☐ Addition

21 TITLE VICE PRESIDENT
22 NAME MCAHON, TAMMIE L
23 STREET ADDRESS 7434 SE 12TH CIRCLE
24 CITY-ST-ZIP Ocala FL 34480

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 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:

Michael J McMahon MICHAEL J MCAHON 4/25/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-237-6005

CR2E034 (12/95)