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Secretary of State

07-09-1999 90020 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000033490

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DREET ADDRESS

TY-ST-ZIP

MARSHALL STARK CONSTRUCTION, INC.

Mailing Address Principal Place of Business 3523 S.W. 15TH STREET 1523 S.W. 15TH STREET BAINESVILLE FL 32608 GAINESVILLE FL 32608 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/25/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 59-3309448 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 2 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 3 28 Country Zip Country Zip 8. This corporation owes the current year Intangible ΧNο ☐ Yes 30 Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STARK, MARSHALL W Street Address (P.O. Box Number is Not Acceptable) 82 3523 S.W. 15TH STREET GAINESVILLE FL 32608 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition ITLE ☐ DELETE 1.1 TITLE 1,2 NAME AME STARK, MARSHALL W 3523 S.W. 15TH STREET 1.3 STREET ADDRESS TREET ADDRESS GAINESVILLE FL 32608 1.4 CITY-ST-ZIP JTY-ST-ZIF ☐ Change ☐ Addition ☐ DELETE 2.1 TITLE MLE 2.2 NAME JAME 2.3 STREET ADDRESS TREET ADDRESS 2. 4 CITY-ST-ZIP ITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE ITLE 3.2 NAME AME 3,3 STREET ADDRESS TREET ADDRESS 3.4. CITY-ST-ZIP ITY-ST-ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE ITLE 4, 2 NAME AME 4.3 STREET ADDRESS TREET ADDRESS 4,4 CITY-ST-ZIP ITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TLE 5.2 NAME AME 5.3 STREET ADORESS TREET ADDRESS 54 CITY-ST-ZIP ITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4. 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 on an address, with all other like empowered.



When words can't say enough... Floral Expressions will

4310 NW 23 Ave. 375-1234

1005 W. University Ave. 373-1234

3318 SW. 35 Blvd. -... Archer Square Plaza 336-1234

1-800-DAY-1234



FTD TOP MEMBER

July 6, 1999

Florida Department Of State Division Of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, Fl 32302-1500

Last year we moved our office between the time of the new year's notices were mailed. Since we never received the first notice, we are paying \$150.00 per instructions from your customer service department.

Thank you

Teff Rothstein

Floral Expressions Florists Inc.