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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045254 (6)

MARKEY MOTORS, INC.

Principal Place of Business

5336 ASHTON CT SARASOTA FL 34233 Mailing Address

5336 ASHTON CT. SARASOTA FL 34233-3401

## FILED Aug 13 1997 8:00am Secretary of State



US	- · · · · · · · · · · · · · · · · · · ·	US			
				<b>3.</b> Date Incorporated or Qualified <b>3s.</b> Date of Last Report <b>05/01/1996</b>	
	lace of Business	2a. Mailing Address	Т.	4. FEI Number Applied For	
21 485	ol S. Tamiami	16(26) 4 851 5.	lamiar	mi [ 59-0619293 Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	asota, FL	Sara Suta	.FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
а <b>3</b> 4а	31 25 USA	20 3°4231 3	USP	8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes ☐ Yes ☐ No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent	
GRE	GORY, WILLIAM P		81 Nan	ne	
715 SWANN AVE.			82 Street Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33806			0110	of other Address (1.0. Dox redition is not Addeptable)	
			83		
I			84 City	( AP Tip Code	
I			84 City	FL 85 Zip Code	
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					
SIGNATORE	Signature, typed or printed name of registered ag	ent and little if applicable (NOTE, F	Registered Agent signa	ature required when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	Change Addition	
NAME	GREGORY, WILLIAM P		1.2 NAME		
STREET ADDRESS	715 SWANN AVE.		1.3 STREET ADDRES	ss	
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE	President La T Change MAddition	
NAME			2.2 NAME	John M. Borchers 11-	
STREET ADDRESS			2.3 STREET ADDRES	1851 5. Tamiami IT.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Sarasota, FL 34231	
TITLE		DELETE	3.1 TITLE	VICE President Change Addition	
NAME			3.2 NAME	John H. Borchers I	
STREET ADDRESS			3.3 STREET ADDRES	ss 6600 Gator Creek Blud.	
CITY-ST-ZIP			3 4. DITY-ST-ZIP	Sairacota PL 34241	
TITLE		☐ DELETE	4.1 TITLE	Change Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRES	ss	
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME	_ · <b>-</b>	
STREET ADDRESS			5.3 STREET ADDRES	ss	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 lift.	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			•	22:	
		^	6.3 STREET ADDRES		
CITY-ST-ZIP	by certify that the information supplies	ad with this filing dose not qualify	6.4 CITY-ST-ZIP	po stated in Section 119 07/3Vi). Florida Statutas, I further certify that the	
14. I do 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 unjual 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 deporation of 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 chapter of union an attainment with an address.					