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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90091 022 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000051943**

1. Corporation Name
MRG INDUSTRIES, INC.

Principal Place of Business

6322 NW 18 DR
170
GAINESVILLE FL 32606
US

Mailing Address

RT 1 BOX 3030
FT WHITE FL 32606
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1995

4. FEI Number

59-3330084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **415 Cypress Rd**

Suite, Apt. #, etc.

22

City & State

23 **OCALA FL**

Zip

24 **34472** 25 **USA**

2a. Mailing Address

26 **415 Cypress Rd**

Suite, Apt. #, etc.

27

City & State

28 **OCALA FL**

Zip

29 **34472** 30 **USA**

9. Name and Address of Current Registered Agent

RATNER, MICHAEL
RT 1 BOX 3030
FORT WHITE FL 32038

10. Name and Address of New Registered Agent

81 Name

MICHAEL RATNER

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

415 CYPRESS RD

83

84 City

OCALA

FL

85 Zip Code

34472

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **RATNER, GAIL**
STREET ADDRESS **RT 1 BOX 3030**
CITY-ST-ZIP **FT WHITE FL**

TITLE **SD** ☐ DELETE
NAME **RATNER, MICHAEL**
STREET ADDRESS **RT 1 BOX 3030**
CITY-ST-ZIP **FT WHITE FL**

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **415 CYPRESS RD.**
1.4 CITY-ST-ZIP **OCALA, FL 34472** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **415 CYPRESS RD**
2.4 CITY-ST-ZIP **OCALA FL 34472** ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (352) 687-4333
Date Daytime Phone #

CR2E034 (1/98)