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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000054384 (9)

1. Corporation Name
MARSHA'S INCORPORATED



Principal Place of Business
592 ELLIS ROAD STE 116
JACKSONVILLE FL 32254

Mailing Address
592 ELLIS ROAD STE 116
JACKSONVILLE FL 32254-3574

3. Date Incorporated or Qualified
08/01/1995

3a. Date of Last Report
08/13/1996

4. FEI Number
59-3325374

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 580 S. Ellis Rd
Suite, Apt. #, etc

26 580 S. Ellis Rd
Suite, Apt. #, etc

22 Ste. 100
City & State

27 Ste. 100
City & State

23 Jacksonville, FL
Zip Country

28 Jacksonville, FL
Zip Country

24 32254

25 Duval

29 32254

30 Duval

9. Name and Address of Current Registered Agent

VINSON, MARSHA E
592 ELLIS ROAD STE 116
JACKSONVILLE FL 32254

81 Name

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

83

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: *Marsha E Vinson* (D) MARSHA E VINSON

2-3-97

Signature of type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

D Vinson, Marsha E
PO Box 64
Baldwin FL 32234 (N/A)

☒ Change ☐ Addition

NAME VINSON, MARSHA E
STREET ADDRESS 16540 VILLAGE GREEN DRIVE SOUTH
CITY-STATE-ZIP BALDWIN FL 32234

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

2.1 TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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.

SIGNATURE: *Marsha E Vinson* MARSHA E VINSON 2-3-97 904-695-2888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)