COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF, CORPORATIONS

OCUMENT # P95000054384

MARSHA'S INCORPORATED

FILED Jul 13, 1999 8:00 am Secretary of State

07-13-1999 90007 049 ***150.00

ncipal Place of Business	Mailing Address					DB (11/91 18111 B181 1861	
s. Ellis Rd. 100	580 S. ELLIS RD. STE 100						
(SONVILLE FL 32254	JACKSONVILLE FL 32254		DO NOT WRITE IN THIS SPACE				
	U\$			3. Date Incorporated or Qualified			
				08/01/1995			
Principal Place of Business	2a. Mailing Address		. /	4. FEI Number		Applied For	
5925. EllisRd	26 592 S Ellis	ょと	d	59-3325374		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8	.75 Additional	
31e.100_	27 Ste 100			5. Certificate of Status Desired	F	ee Required	
City & State	City & State	+ IT	41	6. Election Campaign Financing	\$:	5.00 May Be	
Jacksonville +1	28 Jacksonu	<u> 1116</u>	111.	Trust Fund Contribution	A	dded to Fees	
32254 Country 25 DILVAL	Zip 32254 30 Co	intry ンル	ibl	This corporation owes the current year Intangible Personal Property.	Yes	☐ No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
VINSON, MARSHA E		81 Name					
592 ELLIS ROAD STE 116		82 Street Add		ess (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32254		83		<u>-</u>		<u> </u>	
		84 (City	, FL	85	Zip Code	
Pursuant to the provisions of sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	e of Florida. Such change was authorize	d by th	rmed corpora e corporation	ation submits this statement for the purpose of cl n's board of directors, I hereby accept the appoint	nanging intment	its registered as registered	

IGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 1.1 TITLE LE DELETE VINSON, MARSHA E 1.2 NAME ME PO BOX 64 N/A 1.3 STREET ADDRESS REET ADDRESS **BALDWIN FL** 1.4 CITY-ST-ZIP Y-ST-ZIP Change Addition ΊĔ DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS REET ADDRESS 2.4 CITY-ST-ZiP TY-ST-ZIP 3.1 TITLE Change Addition 1F DELETE 3.2 NAME ME REET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TY-ST-ZIP DELETE 4.1 TITLE Change Addition ME 4.2 NAME 4.3 STREET ADDRESS REET ADDRESS 4.4 CITY-ST-ZIP TY-ST-ZIP 5.1 TITLE 16 DELETE ___ Change Addition 5.2 NAME REET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TY-ST-ZIF DELETE 6.1 TITLE __ Change __ Addition ME

TY-ST-ZIP 1. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZiP

REET ADDRESS

904-695-2888

CR2E034 (5/99)

P95000054384 587071-90007-49 7-7-99 92. S. Ellis Rd. Ste. 120