

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000067921 (3)

1. Corporation Name

RUSSELL MARSH, INC.



Principal Place of Business

**1852 EDWARDS ROAD
YULEE FL 32097**

Mailing Address

**1852 EDWARDS ROAD
YULEE FL 32097**

3. Date Incorporated or Qualified
09/01/1995

3a. Date of Last Report
N-A

2. Principal Place of Business
(same)
21 1852 Edwards Road
Suite, Apt. #, etc.

2a. Mailing Address
26 Same
Suite, Apt. #, etc.

4. FET Number
593370031

Applied For
Not Applicable

22 City & State
Yulee, FL.

27 City & State
same

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **32097** 25 Country **U.S.**

29 Zip **same** 30 Country **U.S.**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FILINGS, INC.
3732 N.W. 16TH STREET
FORT LAUDERDALE FL 33311**

81 Name **Russell A. Marsh**

82 Street Address (P.O. Box Number is Not Acceptable)
1852 Edwards Rd.

83

84 City **Yulee**

FL

85 Zip Code **32097**

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 *Russell A. Marsh*
Signature, typed or printed name of registered agent and date, if applicable

Russell A. Marsh

Apr. 27, 96
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSH, RUSSELL	
STREET ADDRESS	1852 EDWARDS ROAD	
CITY-STATE-ZIP	YULEE FL 32097	
TITLE	S	<input type="checkbox"/> DELETE
NAME	marsh, Russell	
STREET ADDRESS	1852 Edwards Road	
CITY-STATE-ZIP	Yulee, FL. 32097	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Marsh, Amy	
STREET ADDRESS	1852 Edwards Road	
CITY-STATE-ZIP	Yulee, FL. 32097	
TITLE	T	<input type="checkbox"/> DELETE
NAME	marsh, Amy	
STREET ADDRESS	1852 Edwards Road	
CITY-STATE-ZIP	Yulee, FL. 32097	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Amy R. Marsh*, *Amy D. Marsh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96
Date

**(904)
225-2027**
Original Phone #

CR2E034 (12/95)