

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P96000000453 (6)**

1. Corporation Name  
**MAR-CEE CONSTRUCTION, INC.**



Principal Place of Business  
**2115 PINE GROVE ROAD  
MULBERRY FL 33860**

Mailing Address  
**2115 PINE GROVE ROAD  
MULBERRY FL 33860**

3. Date Incorporated or Qualified  
**12/26/1995**

3a. Date of Last Report

4. FCI Number  
**59-3220355**

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

2. Principal Place of Business

21. Suite, Apt. #, etc

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

26. Suite, Apt. #, etc

27. City & State

28. City & State

29. Zip

30. Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GRANT, CHRISTEEN  
2115 PINE GROVE ROAD  
MULBERRY FL 33860**

81. Name  
**MARVIN C. GRANT**

82. Street Address (P.O. Box Number is Not Acceptable)  
**2115 PINE GROVE ROAD**

83. City, State, Zip  
**MULBERRY, FL. 33860**

84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.150a, 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 *Marvin C. Grant*

*Marvin C. Grant*

*3/18/96*

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRANT, MARVIN C	
STREET ADDRESS	2115 PINE GROVE ROAD	
CITY, ST, ZIP	MULBERRY FL 33860	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GRANT, CHRISTEEN	
STREET ADDRESS	2115 PINE GROVE ROAD	
CITY, ST, ZIP	MULBERRY FL 33860	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

**900001753969**  
-03/22/96--01019--032  
\*\*\*200.00

*2*  
*3-4*

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 on an attachment with an address.

SIGNATURE **CHRISTEEN GRANT** *Christeen Grant*

2/27/96 (941) 425-8044

CR2E034 (12/95)