## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

6620 THOROUGHBRED LOOP

ODESSA FL 33556-1813

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

6620 THOROUGHBRED LOOP



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ELORIDA DEPARTMENT DE STATE

**FILED** 

Feb 11 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000039063 (8)

MARKEL CONSULTING, INC.

ODESSA FL 33556 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1996 2. Principal Place of Business Applied For 2a. Mailing Address Not Applicable 21 26 Suite, Apt #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zio Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MARKEL MARTIN L 6620 THOROUGHBRED LOOP Street Address (P.O. Box Number is Not Acceptable) ODESSA FL 33556 83 RA City 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 Signature: typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE (96/6) (96/6) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition **DMPT** DELETE 1.1 TITLE TITLE MARKEL, MARTIN L 1.2 NAME NAME 6620 THOROUGHBRED LOOP 1.3 STREET ADDRESS STREET ADDRESS ODESSA FL 33556 1.4 CITY - ST - ZIP CATY-ST-ZIP DELETE DVS Addition 2.1 TITLE TITLE MARKEL, ELEANOR M 2.2 NAME NAME 6620 THOROUGHBRED LOOP STREET ADDRESS 2.3 STREET ADDRESS ODESSA FL 33556 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE Jane H. Markel 3.2 NAME NAME 3264 Asbury Square Dunwoody, UA 30346 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-20 14. I do hereby cerlify 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

ARTIN L. MANUEL 2-597