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

28 Zip

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000043575

MARKHAM BROTHERS, INC.

Mailing Address Principal Place of Business 1401 BARRANCAS AVENUE 1401 BARRANCAS AVENUE PENSACOLA FL 32501 PENSACOLA FL 32501 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/16/1996 2a. Mailing Address 4. FEI Nümber 2. Principal Place of Business 59-3388337 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired 27 City & State City & State 6. Election Campaign Financing

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MCGRAW, ARTICE L 817 NORTH PALAFOX STREET PENSACOLA FL 32501

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Country

9. Name and Address of Current Registered Agent

Zip

24

zunu y	8. This corporation owes the current year intangible					
	Personal Property Tax.					
\top	10. Name and Address of New Registered Agent					
81	Name					
82	Street Address (P.O. Box Number is Not Acceptable)					
83						
84	City FL 85 Zip Code					

Trust Fund Contribution

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90186 001 ***150.00

Applied For

\$8,75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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 JOAN D. W. AD. T. A. W. A. C. T. A. W. A. W. A. C. T. A. W. A. W. A. C. T. A. W. A.							
Signature, typed 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 DIRECTOR			
TITLE	PD	DELETE	1.1 TITLE	☐ Change	Addition		
NAME	MARKHAM, RANDALL G SR.		1.2 NAME				
STREET ADDRESS	1401 BARRANCAS AVENUE		1.3 STREET ADDRESS		l		
CITY-ST-ZIP	PENSACOLA FL 32501		1.4 CITY-ST-ZIP		l		
TITLE	VD	□ DELETE	2.1 TITLE	☐ Change	☐ Addition }		
NAME	MARKHAM, GEORGE W JR.		2.2 NAME				
STREET ADDRESS	1401 BARRANCAS AVENUE		2.3 STREET ADORESS		Ì		
CITY-ST-ZIP	PENSACOLA FL 32501		2. 4 CTTY+ST-ZIP				
TITLE	VD	DELETE	3.1 TITLE	☐ Change	Addition		
NAME	MARKHAM, NATHAN T SR.		3.2 NAME		j		
STREET ADDRESS	1401 BARRANCAS AVENUE		3.3 STREET ADDRESS		ì		
CITY-ST-ZIP	PENSACOLA FL 32501		. 3.4. CITY-ST-ZIP				
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change	Addition		
NAME	MARKHAM, WILLIAM T SR.		4. 2 NAME		{		
STREET ADDRESS	1401 BARRANCAS AVENUE		4.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32501		4.4 CITY-ST-ZIP				
TITLE	STD	DELETE	5.1 TTLE	☐ Change	Addition		
NAME	MARKHAM, JOHN R SR.	ļ	5.2 NAME		1		
STREET ADDRESS	1401 BARRANCAS AVENUE		5.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACÓLA FL 32501		5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	Change	Addition		
NAME			6.2 NAME	I .			
STREET ADDRESS			6.3 STREET ADDRESS)		
CITY-ST-ZIP			6.4 CITY-ST-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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE