

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P97000021023 (1)**

1. Corporation Name

MARSDEN BROS. INTRACOASTAL LAWN CARE, INC.

Principal Place of Business

**55 HATCHETT CREEK ROAD
VENICE FL 34292**

Mailing Address

**55 HATCHETT CREEK ROAD
VENICE FL 34292**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1997 65-0735919

4. FEI Number

65-0556319

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1301 Groveland St.

Suite, Apt. #, etc.

22 Venice FL

24 34292

25 USA

2a. Mailing Address

26 PO Box 1173

Suite, Apt. #, etc.

27 Venice FL

28 34284

30 USA

9. Name and Address of Current Registered Agent

**MARSDEN, WILLIAM
55 HATCHETT CREEK ROAD
VENICE FL 34292**

10. Name and Address of New Registered Agent

81 Name William Marsden

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

1301 Groveland St.

83 Venice FL

84 City FL 85 Zip Code 34292

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

William Marsden
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **Treasurer** ☐ DELETE

NAME **John MARSDEN**
STREET ADDRESS **55 HATCHETT Creek Rd**
CITY-ST-ZIP **VENICE FL 34292**

TITLE **President** ☐ DELETE

NAME **William Marsden**
STREET ADDRESS **1301 Groveland St.**
CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 if changed, or on an attachment with an address.

SIGNATURE:

William Marsden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/98
Date

941-485-4926
Daytime Phone # **0459007**

CR2E034 (10/97)