

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90087 022 \*\*\*150.00

**DOCUMENT # P97000073043**

1. Corporation Name

**MARQUEZ LUMBER, INC.**

Principal Place of Business

1864 SOUTH HWY. 17  
POMONA PARK FL 32181

Mailing Address

P.O. BOX 275  
POMONA PARK FL 32181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1997

4. FEI Number

58-2415856

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1164 N. Highway 17  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 730  
Suite, Apt. #, etc.

22 City & State

23 Palatka, FL  
Zip Country

24 32177 25 US

27 City & State

28 Bostwick, FL  
Zip Country

29 32007 30 US

9. Name and Address of Current Registered Agent

STIDHAM, DANNY  
1864 SOUTH HWY. 17  
POMONA PARK FL 32181

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

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 *Katherine Anderson*

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

(NOTE: Registered Agent signature required when reinstating)

3/30/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE  
NAME ANDERSON, DAVID  
STREET ADDRESS 4016 DIANE DR.  
CITY-ST-ZIP WAYCROSS GA 31503

TITLE T ☐ DELETE  
NAME MARQUEZ, ELCO  
STREET ADDRESS 1164 N. HIGHWAY 17  
CITY-ST-ZIP BESTWICK FL 32177

TITLE P ☐ DELETE  
NAME STIDHAM, DANNY  
STREET ADDRESS 1864 SOUTH HWY. 17  
CITY-ST-ZIP POMONA PARK FL 32181

TITLE Secretary ☐ DELETE  
NAME Katherine Anderson  
STREET ADDRESS 390 Maranda Drive  
CITY-ST-ZIP Green Cove Springs, FL 32043

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, with all other like empowered.

SIGNATURE:

*Katherine Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99  
Date

904-328-9400  
Daytime Phone #

CR2E034 (1/198)