May 04, 1999 8:00 am Secretary of State

05-04-1999 90001 028 ***150.00

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

PROFIT CORPORATION

22

23

24

Zip

City & State



FLORIDA DEPARTMENT OF STATE

Katherine Harris

| 1999 | | Secretary of State DIVISION OF CORPORATIONS | |
|--|------|---|--|
| DOCUMENT # PS 1. Corporation Name MARKESTEYN MANUFAC | · | 677 | |
| Principal Place of Business | Mail | ling Address | |
| 165 TOLLGATE BRANCH LONGWOOD FL 32750 | | TOLLGATE BRANCH GWOOD FL 32750 | |
| | | 1 marine . | |
| 2. Principal Place of Business | 2a. | Mailing Address | |
| Suite Ant # etc | 26 | Suite Apt. #. etc. | |

City & State

28

29

Zip

Country

9. Name and Address of Current Registered Agent

25

MARKESTEYN, JOHN A JR 165 TOLLGATE BRANCH LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

| | Date Incorporated or Qualifed 10/02/1997 | - | ÷ |
|----|--|-----------------------------------|----------------|
| | FEI Number | | Applied For |
| | APPLIED FOR | | Not Applicable |
| 5. | Certifcate of Status Desired | \$8.75 Additional Fee Required | |

| Trust Fund Contribution 8 This corporation owes the curre | Added to Fees |
|--|-------------------|
| 6. Election Campaign Financing | \$5.00 May Be |

| 46 | No | od Amont | |
|--------|--|------------|----------|
| | Personal Property Tax. | ☐ Yes | <u> </u> |
| 8. | This corporation owes the current year | Intangible | _ |

| 81 | 81 | I Markestedal) John will. | |
|----|----|---|--------|
| | 82 | Street Address (P.O. Box Number is Not Acceptable) 989 W. S | state. |
| | 83 | Road 434 | |
| | | | |

city Longwood 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.

Country

30

| SIGNATURE | · | | | |
|----------------|---|-----------------------------------|--|------------|
| | Signature, typed or printed name of registered agent and title if applicable. (NO | TE: Registered Agent signature re | | 07000 1110 |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRE | |
| TITLE | P DELETE | 1.1 TITLE | □ Ch | ange |
| NAME | MARKESTEYN, JOHN A | 1.2 NAME | | |
| STREET ADDRESS | 165 TOLLGATE BRANCH | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | 1.4 CITY-ST-ZIP | | |
| TITLE | VP □ DELETE | 2.1 TITLE | □ Ch | ange |
| NAME | MARKESTEYN, JASON J | 2.2 NAME | | |
| STREET ADDRESS | 165 TOLLGATE BRANCH | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | 2.4 CITY-ST-ZIP | | |
| TITLE | ST DELETE | 3.1 TITLE | □ Ch | ange |
| NAME | MARKESTEYN, SHEILA | 3.2 NAME | | |
| STREET ADDRESS | 165 TOLLGATE BRANCH | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LONGWOOD:FL 32750 | 3.4. CITY-ST-ZIP | | |
| TITLE | DELETE | 4,1 TITLE | ☐ Ch | ange |
| NAME | | 4. 2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | 5.1 TITLE | □ Ch | ange |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | • |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | DELETE | 6.1 TITLE | ☐ Ch | ange |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | , | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

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: