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FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000090785 (1)

1. Corporation Name
MARQUIS HOME SERVICES, INC.

Principal Place of Business

9400 GLADIOLUS DRIVE
SUITE 100
FT. MYERS FL 33908

Mailing Address

9400 GLADIOLUS DRIVE
SUITE 100
FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1997

4. FEI Number

65-0789963

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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 8750-11 GLADIOLUS DR

27 Suite, Apt. #, etc.

27 SUITE 232

28 City & State

28 FT MYERS FL

29 Zip

29 33908

30 Country

30 USA

9. Name and Address of Current Registered Agent

STILPHEN, PETER A
9400 GLADIOLUS DRIVE
SUITE 100
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

81 MICHAEL FLEMING

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

82 9400 GLADIOLUS DRIVE

83

83 SUITE 100

84 City

84 FT MYERS

FL

85 Zip Code

85 33908

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

MICHAEL FLEMING

2/3/98

12. OFFICERS AND DIRECTORS

TITLE P.D. ☐ DELETE
NAME FLEMING, MICHAEL
STREET ADDRESS 9400 GLADIOLUS DR SUITE 100
CITY-ST-ZIP FT MYERS, FL 33908

TITLE VP STD ☐ DELETE
NAME STILPHEN, PETER
STREET ADDRESS 9400 GLADIOLUS DRIVE, SUITE 100
CITY-ST-ZIP FT MYERS, FL 33908

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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

Peter A. Stilphen

Peter A. Stilphen

2/10/98

CR2E034 (10/97)