

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90028 005 ***550.00

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000044804

1. Corporation Name

MARION STREET DEVELOPMENT INC.



Principal Place of Business

**3514 ARCH STREET
TAMPA FL 33607**

**1604 N. MARION ST.
TAMPA, FL 33602**

Mailing Address

**3514 ARCH STREET
TAMPA FL 33607**

**1604 N. MARION ST.
TAMPA, FL 33602**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1998

4. FEI Number

59-3511361

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.

☐

Yes ☒ **No**

2. Principal Place of Business

21 1604 N. MARION ST.

2a. Mailing Address

26 1604 N. MARION ST.

Suite, Apt. #, etc.

22 TAMPA, FL

Suite, Apt. #, etc.

27 TAMPA, FL

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

Zip

24 33602

Country

25 USA

Zip

29 33602

Country

30 USA

9. Name and Address of Current Registered Agent

**OELLERICH, DAVID E
3514 ARCH STREET
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1604 N. MARION STREET

83

84 City **TAMPA**

FL

85 Zip Code **33602**

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, 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

7.13.99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **OELLERICH, DAVID E**
STREET ADDRESS **3514 ARCH STREET**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **D** ☐ DELETE

NAME **OELLERICH, HERMAN J**
STREET ADDRESS **3514 ARCH STREET**
CITY-ST-ZIP **TAMPA FL 33607**

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

**1604 N. MARION ST.
TAMPA, FL 33602**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**1604 N. MARION ST.
TAMPA, FL 33602**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7.13.99

813-221-6659

CR2E034 (5/99)