

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

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

 FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS
DOCUMENT # **P98000080655**
 1. Corporation Name
MARL FOODS, INC.

 Principal Place of Business
**597 WATERFALL DRIVE
SPRING HILL FL 34608**

 Mailing Address
**597 WATERFALL DRIVE
SPRING HILL FL 34608**
FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90026 011 ***150.00

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1998

4. FEI Number

59-3540156
 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

9. Name and Address of Current Registered Agent

**ANGELICI, LINA
SCHIFINO & FLEISCHER, P.A.
201 N. FRANKLIN STREET #2700
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81	Name	Lisa M. Clark
82	Street Address (P.O. Box Number is Not Acceptable)	597 Waterfall Dr
83		
84	City	Spring Hill
85	Zip Code	FL 34608

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, MARK R	
STREET ADDRESS	597 WATERFALL DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34608	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, LISA M	
STREET ADDRESS	597 WATERFALL DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34608	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99

352-686-7506

Date

Daytime Phone #

CR2E034 (11/98)