

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90238 043 ***150.00

ANNUAL REPORT 1999		 Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000081010			
1. Corporation Name MARJON SARASOTA, INC.			
Principal Place of Business 130 TAMAMI TRAIL NORTH OSPREY FL 34229		Mailing Address 130 TAMAMI TRAIL NORTH OSPREY FL 34229	
DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified 09/11/1998			
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 28 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
25		30	
4. FEI Number 65-0875271			
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 KENNEDY, JOHN D 130 TAMAMI TRAIL NORTH OSPREY FL 34229		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
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 _____ DATE _____			
(NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS			
TITLE	D	☐ DELETE	
NAME	KENNEDY, JOHN D		
STREET ADDRESS	130 TAMAMI TRAIL NORTH		
CITY-ST-ZIP	OSPREY FL 34229		
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			
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 the attachment with an address, with all other like empowered.			
SIGNATURE: [Signature] 3-9-99 94-9661052			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CORP-11102