

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90117 003 ***150.00

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1. Corporation Name

MARLENE E. THORPE, INC.

Principal Place of Business
39101 GRAY'S AIRPORT ROAD
LADY LAKE FL 32159

Mailing Address
39101 GRAY'S AIRPORT ROAD
LADY LAKE FL 32159

DO NOT WRITE IN THIS SPACE

107 BANANA Street **39101 GRAYS**
2. Principal Place of Business **2a. Mailing Address**
21 **26** **Airport Road**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
22 **Lady Lake** **27** **Lady Lake**
City & State **City & State**
23 **FL** **28** **FL**
Zip **Country** **Zip** **Country**
24 **32159** **25** **32159** **30**

3. Date Incorporated or Qualified

12/07/1998

4. FEI Number

59-3547440

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees7. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

TAYLOR, L E
1029 WEST MAGNOLIA STREET
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 607.1505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/9912. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **D**
NAME **THORPE, MARLENE E**
STREET ADDRESS **39101 GRAY'S AIRPORT ROAD**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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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 ☐ Change ☒ Addition

1.1 TITLE **Vice President**
1.2 NAME **CHARLES MAULDIN**
1.3 STREET ADDRESS **1307 RANDEL DR**
1.4 CITY-ST-ZIP **LEESBURG, FL 34748 314-3091**

2.1 TITLE **Partner**
2.2 NAME **Patricia Douglas**
2.3 STREET ADDRESS **803 Lone Oak Dr**
2.4 CITY-ST-ZIP **Leesburg, FL 34748 (No phone) #**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

352-750-0848

CR2E034 (11/98)