

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

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

05-10-1999 90144 041 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # S08960**

1. Corporation Name

**MARQUIS MANAGEMENT GROUP, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2775 GARRISON AVE  
PORT ST. JOE FL 32456  
US

Mailing Address  
P.O. BOX 5151  
NEWPORT NEWS VA 23605  
US

3. Date Incorporated or Qualified <b>10/22/1990</b>	
4. FEI Number <b>59-3049407</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> <b>PO Box 1457</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b> <b>Newport News VA</b>
Zip <b>24</b>	Country <b>29</b> <b>23601</b> <b>30</b> <b>USA</b>

**9. Name and Address of Current Registered Agent**

**HEEKIN, JAMES F.**  
**215 NORTH EOLA DRIVE**  
**ORLANDO FL 32802**

**10. Name and Address of New Registered Agent**

81 Name <b>Hubert E. Steeley</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2775 Garrison Ave.</b>
83
84 City <b>Port St Joe</b>
85 Zip Code <b>FL 32456</b>

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

*Hubert E. Steeley*  
Signature, typed or printed name of registered agent and title if applicable.

*Hubert E. Steeley*  
(NOTE: Registered Agent signature required when reinstating)

**4-28-99**  
DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEELEY, HUBERT E.</b>		1.2 NAME	
STREET ADDRESS <b>2775 GARRISON AVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>PORT ST. JOE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CLARK, CAROLE A.</b>		2.2 NAME	
STREET ADDRESS <b>6060 JEFFERSON AVE., STE. 1005</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>NEWPORT NEWS VA 23605</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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:

*Hubert E. Steeley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-99**  
Date

**850-227-1122**  
Daytime Phone #

CR2E034 (11/98)