

DOCUMENT # S08960			
1. Entity Name MARQUIS MANAGEMENT GROUP, INC.			
Principal Place of Business 2775 GARRISON AVE PORT ST. JOE FL 32456 US		Mailing Address P O BOX 1457 NEWPORT NEWS VA 23601-0457 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State ZipCountry		3. Mailing Address PO Box 70 Suite, Apt. #, etc. City & State Port St Joe FL ZipCountry 32457 USA	
6. Name and Address of Current Registered Agent			
STEELEY, HUBERT E 2775 GARRISON AVE PT ST JOE FL 32456			Name
			Street Address (l
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEELEY, HUBERT E. 2775 GARRISON AVE PORT ST. JOE FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Se indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 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			

48-00 850-229-1122
Date Daytime Phone #

CR2E034 '9/99'