

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90188 048 ***150.00

DOCUMENT # S76084

1. Corporation Name
MARWES, INC.

Principal Place of Business

6521 SENEGAL PALM WAY
APOLLO BEACH FL 33572
US

Mailing Address

6521 SENEGAL PALM WAY
APOLLO BEACH FL 33572
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1991

4. FEI Number

59-3081577

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

2. Principal Place of Business

21 6526 Bimini CT

Suite, Apt. #, etc.

23 Apollo Beach FL

Zip

24 33572

Country

25 HILLSBOROUGH

2a. Mailing Address

26 6526 Bimini CT

Suite, Apt. #, etc.

28 Apollo Beach FL

Zip

29 33572

Country

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

SEBALD, MERLE L.
6529 BIMINI CT.
APOLLO BEACH FL 33572

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FOWLER, JOHN W
STREET ADDRESS 6521 SENEGAL PALM WAY
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE ST ☐ DELETE

NAME FOWLER, NANCY M
STREET ADDRESS 6521 SENEGAL PALM WAY
CITY-ST-ZIP APOLLO BEACH FL 33572

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 change is, or on an attachment with an address, with all other like empowered

SIGNATURE:

John W. Fowler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99 (813) 641-1573
Date Daytime Phone #

CR2E034 (11/98)