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

DOCUMENT # \$84786

1. Corpora ion Name

MARRIC SERVICES, INC.

i inicipal i race of business	Principal Pl	ace of	Business
-------------------------------	--------------	--------	----------

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90054 015 ***150.00



Principal Place	e of Business	Mailing Address			
1945 BYRAM DI	RIVE	1945 BYRAM DRIVE			
CLEARWATER F	L 34615	CLEARWATER FL 34615		DO NOT WIRITE	IN THE CRACE
		•			IN THIS SPACE
				3. Date in corporated or Qualifed	
				10/03/1991	
2. Principal Pl	lace of Business	2a. Mailing Address	Break in	4. FEI Number	App led For
21 /2 🗸	ALL ON BUSULTON		BRUDE LA	59-3090239	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & S ate	VERVILLE, NC	City & State	IF Ald	-6. Election Campaign Financing	Added to Fees
	<u> </u>	-	Country	Trust Fund Contribution	
¬ ^{Zip} フレッ	Country	□ `) \$\(\alpha \tau \tau \) □	Country	8. This corporation owes the current	it year intangible ☐ Yes []No
24 00	[25]	29 30 30		Personal Property Tax. 10. Name and Address of New Re	
	9. Name and Address of Current	Registered Agent	81 Name,	- 2	7
BUBI	LE, RICHARD J.		WHL	TEL ROEVED	
	BYRAM DRIVE		82 Street Addr	ss (P.O. Box Number is Not Acceptable	ey 19 Ni
	ARWATER FL 34615		160	03 011. 1/2	, , , ,
OLL	MINALLI I E 04010		83		
			84 City /	MI LIER -	85 Zip Gode / _ /
			1 104	thriv91EA	FL 33764
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	he above-named corpo	pration submits this statement for the pun's board of cirectors. I hereby accept	urpose of changing its registered
office crin	egistered agent, or born in the State of mitamiliar with and accept the obligation	ins of, Section 607.0505, Florida	Statutea	irs board of chectors. Thereby accept	1 / S
SIGNATURE	λ	WALTER	- HOEDE	1/26/	1921
SIGNATURE	Signature, typed or printer As No of registered agent	, <u>, , , , , , , , , , , , , , , , , , </u>	stered Agent signature required		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	D	☐ DELETE	1.1 TITLE	9	Change Addition
NAME	Buble, Marjorie B.		1.2 NAME	SBE MANJON	B
STREET ADDRE 3S	1945 BYRAM DRIVE		1.3 STREET ADDRESS	CH MOON BROW	IK LAN TERRET
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	WEILUNUICE	1.C. 28767
TITLE	D	☐ DELETE	2.1 TITLE 7)	☐ Change ☐ Addition
NAME	BUBLE, RICHARD J.		2.2 NAME	WRLE RICHM	07
STREET ADDRESS	1945 BYRAM DRIVE		2.3 STREET ADDRESS	SINDOWBROOK	La
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	VETVENVICE	NG 25757
TITLE	D	☐ DELETE	3.1 TITLE	5	Change
NAME	BOTTORF, LOUISE W.		3.2 NAME	OFTONIT, WILL	ide w.
STREET ADDRESS	309 PORTREE DRIVE	1	3.3 STREET ADDRESS	O KADINB RO	Office Low
CITY-ST-ZIP	DUNEDIN FL		3.4. CITY-ST-ZIP	NETUER VILLE	N.C. 25787
TITLE			4.1 TITLE		☐ Change ☐ Addition
-		_	4. 2 NAME		
NAME			4.3 STREET ADORESS		
STREET ADDRESS			ł		
CITY-ST-ZIP		☐ DELETE	4.4 CITY- ST- ZIP		☐ Change ☐ Addition
TITLE			5.1 ITILE 5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE					Change 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)(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 adjusts in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: