# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S95373** **(4)**

1. Corporate Name
**MARSKI PROPERTIES, INC.**

Principal Place of Business
**950 E UNIVERSITY AVE**
**DELAND FL 32724**

Mailing Address
**950 E UNIVERSITY AVE**
**DELAND FL 32724**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/20/1991**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or Bldg. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: **59-3096235** ☐ 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. Does corporation owe any back taxes under s. 213.758, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SWIDERSKI, MARY J.**
**950 E UNIVERSITY AVE**
**DELAND FL 32724**

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 Section(s) 607.1005 and 607.1006, 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(s) 607.0505, Florida Statutes.

SIGNATURE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (A) |
|---|---|---|
| TYPE | PTD | ☐ Change ☐ Addition |
| NAME | SWIDERSKI, MARY J | |
| STREET ADDRESS | 950 E UNIVERSITY AVE | |
| CITY ST ZIP | DELAND FL | |
| TYPE | VSD | ☐ Change ☐ Addition |
| NAME | SWIDERSKI, PAUL F | |
| STREET ADDRESS | 950 E UNIVERSITY AVE | |
| CITY ST ZIP | DELAND FL | |
| TYPE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TYPE | | ☐ Change ☐ Addition |
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| TYPE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |

14. I hereby certify that the information supplied with this filing is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

**SIGNATURE:** Mary J. Swiderski 5/5/95 904-734-7139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0414298 FP