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**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90067 043 \*\*\*150.00

PROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # S95801

1. Corporation Name

M R K INVESTMENTS, INC.

Principal Place of Business

~~6260 METRO PLANTATION ROAD~~  
~~FT. MYERS FL 33912~~

Mailing Address

~~6260 METRO PLANTATION ROAD~~  
~~FT. MYERS FL 33912~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1991

4. FEI Number

65-0301613

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 8851 KING LEAR CT.

Suite, Apt. #, etc.

22

City &amp; State

23 FT MYERS FL

Zip

24 33908

Country

25 USA

2a. Mailing Address

26 8851 KING LEAR CT

Suite, Apt. #, etc.

27

City &amp; State

28 FT MYERS FL

Zip

29 33908

Country

30 USA

9. Name and Address of Current Registered Agent

KELLY, PAUL M

~~6260 METRO PLANTATION ROAD~~  
~~FT. MYERS FL 33912~~

10. Name and Address of New Registered Agent

81 Name PAUL M Kelly

82 Street Address (P.O. Box Number is Not Acceptable)

83 8851 KING LEAR CT

84 FT MYERS

City

FL

85 Zip Code

33908

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

*Paul M Kelly*  
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/99

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME KELLY, PAUL M.

STREET ADDRESS ~~6260 METRO PLANTATION ROAD~~

CITY-ST-ZIP FT. MYERS FL 33912

TITLE VS ☐ DELETE

NAME KELLY, RUTH M.

STREET ADDRESS ~~6260 METRO PLANTATION ROAD~~

CITY-ST-ZIP FT. MYERS FL 33912

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 PT ☒ Change ☐ Addition

1.2 NAME PAUL M Kelly

1.3 STREET ADDRESS 8851 KING LEAR CT.

1.4 CITY-ST-ZIP FT MYERS FL 33908

2.1 TITLE VS ☒ Change ☐ Addition

2.2 NAME RUTH M KELLY

2.3 STREET ADDRESS 8851 KING LEAR CT

2.4 CITY-ST-ZIP FT MYERS FL 33908

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 member 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/99 (941) 481 5795

CR2E034 (11/98)