

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathews
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S98435** (8)

1. Corporation Name
MAR-CLAR, INC.

Principal Place of Business

**985 RIVERSIDE DR.
PALMETTO FL 34221**

Mailing Address

**985 RIVERSIDE DR.
PALMETTO FL 34221**



2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

County

24

9. Name and Address of Current Registered Agent

**MARSH, CURTIS M.
985 RIVERSIDE DR.
PALMETTO FL 34221**

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
12/01/1991

3a. Date of Last Report
05/30/1995

4. FEI Number
65-0302112

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 605.010 and 605.011, Florida Statutes, the above-named corporation is submitting a statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, and the appointment as registered agent, I am

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
CLARK, BRUCE W
985 RIVERSIDE DR
PALMETTO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY - ST - ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY - ST - ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(a), Florida Statutes. I further certify that the information furnished on this annual report or supplement to 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 a registered or bonded employee empowered to execute the report as required by Chapter 605, Florida Statutes, and that my name appears in Block 2 or Block 13 of the change statement submitted with an address.

SIGNATURE:

BRUCE W. CLARK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

7/32-301
Division of Corporations

CP2E034 (12/95)