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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V05974 (3)

1. Corporation Name:

MARSH CREEK DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

9250 BAYMEADOWS ROAD
SUITE 200
JACKSONVILLE FL 32256
US

9250 BAYMEADOWS ROAD
SUITE 200
JACKSONVILLE FL 32256-1806
US

3. Date Incorporated or Qualified
01/07/1992

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

21 4314 Pablo Oaks Court

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Jacksonville, FL

27 City & State

28

24 Zip

25 32254

Country

26 U.S.A.

Zip

29

Country

30

4. FEI Number

59-3104141

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

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
2000 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

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 (delete if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME O'STEEN, ROGER M.
STREET ADDRESS 9250 BAYMEADOWS ROAD, STE 200
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE VP
NAME BARBOUR, GREGORY J.
STREET ADDRESS 9250 BAYMEADOWS ROAD, SE 200
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE ST
NAME OWENS, LAUREN L.
STREET ADDRESS 9250 BAYMEADOWS ROAD, STE 200
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 4314 Pablo Oaks Ct.
1.4 CITY-ST-ZIP Jacksonville, FL 32254

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 4314 Pablo Oaks Ct.
2.4 CITY-ST-ZIP Jacksonville, FL 32254

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 4314 Pablo Oaks Ct.
3.4 CITY-ST-ZIP Jacksonville, FL 32254

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 do 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lauren L. Owens 1-21-97 904-733-9750

Date Day: me Phone #

CR2E034 (9/96)