

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000009895

Entity Name: FOUQUET-MARSHALL INC**Current Principal Place of Business:**1140 BLUEGRASS DR
GROVELAND, FL 34736**Current Mailing Address:**1140 BLUEGRASS DR
GROVELAND, FL 34736 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOUQUET, SANDRO J
1140 BLUEGRASS DRIVE
GROVELAND, FL 34636 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	IRONGATE LLC
Address	1617 MOUNT VERNON STREET
City-State-Zip:	ORLANDO FL 32803

Title	P
Name	ISABELLE ROW LLC
Address	502 S HART BLVD
City-State-Zip:	ORLANDO FL 32835

Title	P
Name	M.J.F.F. L.L.C.
Address	1140 BLUEGRASS DR
City-State-Zip:	GROVELAND FL 34736

Title	P
Name	FOUQUET, SANDRO J
Address	1140 BLUEGRASS DRIVE
City-State-Zip:	GROVELAND FL 34636

Title	V
Name	EVANS MARSHALL, REESE
Address	502 S HART BLVD
City-State-Zip:	ORLANDO FL 32835

Title	C
Name	PIERRE, KEVIN
Address	1617 MOUNT VERNON ST.
City-State-Zip:	ORLANDO FL 32803

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANDRO J FOUQUET**PRESIDENT****05/01/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date