FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J84257** **(1)**

1. Corporation Name

THE MARKET OF MARION, INC.

Principal Place of Business	Mailing Address
128888 SE HWY. 441 BELLEVIEW FL 34420 US	12888 SE HWY 441 BELLEVIEW FL 34420 US

3. Date Incorporated or Qualified: **07/21/1987**
3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2826237** ☐ 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

SHADDIX, STEVEN L.
2410 SE 29TH STREET
OCALA 34471

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHADDIX, WILLIAM O., II		1.2 NAME		
STREET ADDRESS	1 DEER MOSS TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GORDON, SHARON S.		2.2 NAME		
STREET ADDRESS	7611 TIMBERLY CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	FOX, SHARLENE S.		3.2 NAME		
STREET ADDRESS	~~855 PINE FOREST TRAIL W.~~		3.3 STREET ADDRESS	1660 Ferncliff Drive	
CITY-ST-ZIP	PORT ORANGE FL		3.4 CITY-ST-ZIP	Port Orange, FL	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHADDIX, MADELINE E.		4.2 NAME		
STREET ADDRESS	6 HOMAN TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHADDIX, STANLEY WILLIAM		5.2 NAME		
STREET ADDRESS	2130 OLD DAYTONA RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SHADDIX, STEVEN L.		6.2 NAME		
STREET ADDRESS	2410 SE 29TH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		6.4 CITY-ST-ZIP		

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(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 added to the report with an address.

SIGNATURE: Steven L. Shaddix 3/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)