

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 3:29

DOCUMENT # **L31732** (5)

1. Corporation Name

MARK'S GRADALL SERVICE INC.

Principal Place of Business

Mailing Address

MARK ZORN
2202 COLUMBUS DR
BRANDON FL 33510

MARK ZORN
2202 COLUMBUS DR
BRANDON FL 33510

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/20/1989** 3a. Date of Last Report **02/11/1994**

4. FEI Number **59-2997062** 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

21	2a. Mailing Address	22	2b. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.	23	27
City & State	City & State	24	28
Zip	Country	25	29
		26	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZORN, MARK
2202 COLUMBUS DR
BRANDON FL 33510

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 and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZORN, MARK	1.2 NAME	
STREET ADDRESS	2202 COLUMBUS DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZORN, CHARLOTTE	2.2 NAME	
STREET ADDRESS	2202 COLUMBUS DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZORN, MARK, WAYNE	3.2 NAME	
STREET ADDRESS	2202 COLUMBUS DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(k), 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: *Mark Zorn* MARK ZORN PRESIDENT 2-1-95 813-626-7686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)