

**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 # **V71689** (6)

1. Corporation Name  
**MARDEN INDUSTRIES, INC.**



Principal Place of Business  
**8240 PASCAL DRIVE  
PUNTA GORDA FL 33950**

Mailing Address  
**8240 PASCAL DRIVE  
PUNTA GORDA FL 33950**

2. Principal Place of Business  
21 **Hwy. 640 E. (Bradshaw Indus. Pkwy.)  
Mulberry, FL 33860**

2a. Mailing Address  
26 **P.O. Box 796  
Mulberry, FL 33860**

22. City & State  
23 **Mulberry, FL**

24 Zip **33860** 25 Country

27. City & State  
28 **Mulberry, FL**

29 Zip **33860** 30 Country

3. Date Incorporated or Qualified **10/16/1992** 3a. Date of Last Report **04/25/1995**

4. FEI Number **59-3147866** 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  
**DIGNAM, MICHAEL F  
1625 HENDRY STREET  
SUITE 101  
FT. MYERS FL 33901**

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and this in all caps Date of Registered Agent's appointment as required by law.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, TOM</b>	1.2 NAME	
STREET ADDRESS	<b>8240 PASCAL DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JULIAN, KARL DAVID</b>	2.2 NAME	
STREET ADDRESS	<b>5421 S.W. 39TH WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KINSEY, BARBARA JEAN</b>	3.2 NAME	
STREET ADDRESS	<b>1801 PAULINE DRIVE NW</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: *Barbara Jean Kinsey* **BARBARA JEAN KINSEY** -4/10/96 941-682-7882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)