FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **210050** **(1)**

1. Corporation Name

EMARK CORPORATION

Principal Place of Business	Mailing Address
154 S. COMMERCE ST P.O. BOX 755 SEBRING FL 33871-0755	154 S. COMMERCE ST P.O. BOX 755 SEBRING FL 33871-0755

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/24/1958**

3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-1276742** ☐ 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

ERNEST M. BREED
154 S. COMMERCE AVE.
P.O.BOX 353
SEBRING FL 33871-0353

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 Section 607.1022 and/or 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	BREED, ERNEST M.	NAME	
STREET ADDRESS	154 S. COMMERCE AVE.	STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	CITY-ST-ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	HESTON, CHARLOTTE B.	NAME	
STREET ADDRESS	1103 NE LAKEVIEW DR	STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	CITY-ST-ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	BREED, CHARLOTTE N.	NAME	
STREET ADDRESS	509 NE LAKEVIEW DR.	STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	BREED, ERNEST MARK,III	NAME	
STREET ADDRESS	509 NE LAKEVIEW DR.	STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	BREED, DAVID S.	NAME	
STREET ADDRESS	509 NE LAKEVIEW DR	STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	BREED, JOHN N.	NAME	
STREET ADDRESS	509 NE LAKEVIEW DR	STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 with an asterisk (*), or on an attachment with an asterisk.

SIGNATURE: Charlotte N. Breed, Secy — Apr. 28, 1995 — 813-385-7020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charlotte N. Breed

0448007 FP