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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 9:26

DOCUMENT # 385478 (3)

1. Corporation Name
MARK V DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
3093 KENNESAW ST FT MYERS FL 33916	3093 KENNESAW ST FT MYERS FL 33916

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/14/1971
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1354330 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARGERUM, VERNA J.
RT.29,BOX 434A,WILLIAMSON RD.
FT. MYERS, FL.
FT MYERS FL 33905

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	MARGERUM, VERNA J.	1.2 NAME	
STREET ADDRESS	3471 RIBER RUN LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	MARGERUM, WM. G	2.2 NAME	
STREET ADDRESS	4890 CEDAR HAMMOCK CT. S.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VPGM	3.1 TITLE	☐ Change ☐ Addition
NAME	OKUN, ALAN	3.2 NAME	
STREET ADDRESS	1470 HILL AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	SDT	4.1 TITLE	☐ Change ☐ Addition
NAME	HELMS, JOHN J	4.2 NAME	
STREET ADDRESS	9 GEORGETOWN	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	HELMS, JOHN J.	5.2 NAME	
STREET ADDRESS	9 GEORGETOWN	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, MAGGI L	6.2 NAME	
STREET ADDRESS	4281 RIVER GROVE LN	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33905	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 on an attachment with an address.

SIGNATURE: John J Helms Jr 1/03/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0334004 CR