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 # **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

3. Date Incorporated or Qualified: **07/14/1971**

3a. Date of Last Report: **01/31/1995**

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: **59-1354330** ☐ 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

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 607.0202 and 607.1506, 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	C	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MARGERUM, VERNA J.		1.2 NAME	Thomas R. Cronin	
STREET ADDRESS	3471 RIBER RUN LN.		1.3 STREET ADDRESS	P.O. Box 6966	
CITY-ST-ZIP	FT MYERS, FL 00000		1.4 CITY-ST-ZIP	Ft. Myers, FL 33911	
TITLE	P	☐ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	MARGERUM, WM. G		2.2 NAME	Maggi L. Martin	
STREET ADDRESS	4890 CEDAR HAMMOCK CT. S.E.		2.3 STREET ADDRESS	4281 River Grove Ln.	
CITY-ST-ZIP	FT MYERS, FL 00000		2.4 CITY-ST-ZIP	Ft. Myers, FL 33905	
TITLE	VPGM	☐ DELETE	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	☒ DELETE	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	☒ DELETE	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	☐ DELETE	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		

CR2E034 (12/95)

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: Maggi L. Martin — 2/2/96 — (941) 334-3511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #