

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 416879 (5)

1. Corporation Name

MARIANNA PROVISION CO., INC.



Principal Place of Business

HWY. 90 EAST OF MARIANNA
P.O. BOX 21
MARIANNA, FL. 32446-0021

Mailing Address

HWY. 90 EAST OF MARIANNA
P.O. BOX 21
MARIANNA, FL. 32446-0021

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/16/1973

3a. Date of Last Report

04/28/1995

4. FEI Number

59-1433644

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ASBELL, ROBERT N.
HWY. 90 EAST OF MARIANNA
MARIANNA FL 32447

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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(If the Registered Agent Signature is not acceptable, delete)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

25

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

45

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

55

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

65

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(g), 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:

Robert N. Asbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert N. Asbell

3/14/96 904-482-2962

Signature of Secretary

CR2E034 (12/95)