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 # **425473** **(6)**

1. Corporation Name

MARK V ENTERPRISES, INC.

Principal Place of Business

1545 OAK LANE
CLEARWATER FL 34624
US

Mailing Address

1545 OAK LANE
CLEARWATER FL 34624

3. Date Incorporated or Qualified: **05/08/1973**

3a. Date of Last Report: **01/18/1995**

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: **59-1486334** ☐ 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

DENNARD, MERLE T
1545 OAK LANE
CLEARWATER FL 34624

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 617.1506, 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	
TYP	PD ☐ DELETE	1 TITLE	☐ Change ☒ Addition
NAME	DENNARD, MERLE T.	2 NAME	
STREET ADDRESS	1545 OAK LANE	3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4 CITY-ST-ZIP	34624
TYP	VD ☐ DELETE	2 TITLE	☐ Change ☒ Addition
NAME	DENNARD, ROBERT, JR.	2 NAME	
STREET ADDRESS	1545 OAK LANE	2 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2 CITY-ST-ZIP	34624
TYP	TDS ☐ DELETE	3 TITLE	☐ Change ☒ Addition
NAME	DENNARD, ROBERT L.	3 NAME	
STREET ADDRESS	1545 OAK LANE	3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3 CITY-ST-ZIP	34624
TYP	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TYP	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TYP	☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I 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: Merle T. Dennard — 1-18-96 — 813 531-6658

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

MERLE T. DENNARD

CR2E034 (12/95)