

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:43

DOCUMENT # **436956** (7)
1. Corporation Name
MARCELLO PROPERTIES, INCORPORATED

Principal Place of Business: **102 E CAMP ST. LAKE CITY FL 32055**
Mailing Address: **102 E CAMP ST. LAKE CITY FL 32055**

DO NOT WRITE IN THESE SPACES

3. Date Incorporated or Qualified: **09/25/1973**
3a. Date of Last Report: **02/25/1994**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
State Apt # etc: **22**
City & State: **27**
Zip: **24** Country: **25**
City & State: **28**
Zip: **29** Country: **30**

4. FEI Number: **59-1507049**
Applied For / Not Applicable
5. Certificate of Status Desired: **1** \$8.75 Additional Fee Required
6. Election Campaign Financing: **1** \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.022 Florida Statutes: **XX** Yes No

9. Name and Address of Current Registered Agent
**MARCELLO (DR. JOHN A)
102 E CAMP ST
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this above named corporation submits the 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 607.0503, Florida Statutes.

SIGNATURE: _____
(Signature typed or printed name of registered agent and title of agent) (Date) (Type Agent registration request when applicable) (City)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARCELLO, DR. JOHN A.
STREET ADDRESS	102 E. CAMP ST.
CITY ST ZIP	LAKE CITY FL
TITLE	VD
NAME	COVEY, ADELAIDE E
STREET ADDRESS	314 S. HERNANDO ST
CITY ST ZIP	LAKE CITY FL
TITLE	SD
NAME	COVEY, KEVEN JOHN
STREET ADDRESS	102 E CAMP ST
CITY ST ZIP	LAKE CITY FL
TITLE	TD
NAME	COVEY, KEITH JR.
STREET ADDRESS	14 E MONROE ST
CITY ST ZIP	LAKE CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ALTERNATE CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COVEY, ADELAIDE E.	
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	COVEY, KEVEN JOHN	
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	COVEY, KEITH JR.	
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the nonpayment status in accordance with Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *John A. Marcello*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1/7/95 1-704-252-2676