

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY - 11 11:04 7

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **558123** (6)
1. Corporation Name
MARIETTA PARKYN, INC.

Principal Place of Business: **4330 SW THISTLE TERRACE PALM CITY FL 34990**
Mailing Address: **4330 SW THISTLE TERRACE PALM CITY FL 34990**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/25/1978	3a. Date of Last Report 05/24/1994
4. FEI Number 59-2090499	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent LUKE, MARION LORETTO 4330 SW THISTLE TERRACE PALM CITY FL 34990	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	1. NAME
	STREET ADDRESS		1. STREET ADDRESS
	CITY, ST, ZIP		1. CITY, ST, ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	2. TITLE	2. NAME
	STREET ADDRESS		2. STREET ADDRESS
	CITY, ST, ZIP		2. CITY, ST, ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3. TITLE	3. NAME
	STREET ADDRESS		3. STREET ADDRESS
	CITY, ST, ZIP		3. CITY, ST, ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4. TITLE	4. NAME
	STREET ADDRESS		4. STREET ADDRESS
	CITY, ST, ZIP		4. CITY, ST, ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5. TITLE	5. NAME
	STREET ADDRESS		5. STREET ADDRESS
	CITY, ST, ZIP		5. CITY, ST, ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6. TITLE	6. NAME
	STREET ADDRESS		6. STREET ADDRESS
	CITY, ST, ZIP		6. CITY, ST, ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), Florida Statutes. I further certify that the information included on the 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. 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: *Marion L. Luke*
MARION L. LUKE

April 13/95