

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT



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

1996 6-20-96 B-7039-C

**FILED**  
Jun 20 1996 8:00 am  
Secretary of State

DOCUMENT # 580043 (8)  
1. Corporation Name  
**MARK III INDUSTRIES, INC.**



Principal Place of Business Mailing Address  
**5401 NW 44TH AVE.  
OCALA FL 34478  
US** **P.O. BOX 2525  
OCALA FL 34478**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		07/19/1978		02/07/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1837526		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
29		30		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEAN, H. EDWARD DEAN AND DEAN, P.A. 230 NE 25TH AVE. OCALA FL 34470-7041				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NEED Registered Agent Signature when not stating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	11 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VTULLI, CLARK J.	12 NAME	Larry W. Lincoln
STREET ADDRESS	5401 N.W. 44TH AVE.	13 STREET ADDRESS	5401 N.W. 44th Ave.
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	Ocala, FL 34482
TITLE	T <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLSPERMANN, W. RANDOLPH	22 NAME	
STREET ADDRESS	5401 S.W. 44TH AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLAIN, SALLY	32 NAME	
STREET ADDRESS	5401 NW 44TH AVE	33 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSSACK, JAMES M.	42 NAME	
STREET ADDRESS	5401 N.W. 44TH AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINCOLN, LARRY	52 NAME	
STREET ADDRESS	5401 44TH AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	54 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSE, DAVID	62 NAME	
STREET ADDRESS	5401 NW 44TH AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34478	64 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *[Signature]* 6-11-96 (352) 732-5878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (3/96)