

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **580043** (8)

1. Corporation Name
MARK III INDUSTRIES, INC.

Principal Place of Business

**5401 NW 44TH AVE.
OCALA FL 34478
US**

Mailing Address

**P.O. BOX 2525
OCALA FL 34478-2525**



| | |
|---|--|
| 3. Date Incorporated or Qualified 07/19/1978 | 3a. Date of Last Report 06/20/1996 |
| 4. FEI Number 59-1837526 | 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 s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip Country | 28. Zip Country |
| 24. 34482-7800 | 29. 34482-7800 |

9. Name and Address of Current Registered Agent

**DEAN, H. EDWARD
DEAN AND DEAN, P.A.
230 NE 25TH AVE.
OCALA FL 34470-7041**

10. Name and Address of New Registered Agent

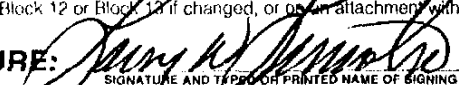
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---------------------------------|
| TITLE | P | 1.1 TITLE | P, D |
| NAME | LINCOLN, LARRY W | 1.2 NAME | Lincoln, Larry W. |
| STREET ADDRESS | 5401 N.W. 44TH AVE. | 1.3 STREET ADDRESS | 5401 N.W. 44th Ave. |
| CITY-ST-ZIP | OCALA FL | 1.4 CITY-ST-ZIP | Ocala, FL 34482-7800 |
| TITLE | T | 2.1 TITLE | V |
| NAME | ELLSPERMANN, W. RANDOLPH | 2.2 NAME | Hutson, William |
| STREET ADDRESS | 5401 S.W. 44TH AVE. | 2.3 STREET ADDRESS | 5401 N.W. 44th Ave. |
| CITY-ST-ZIP | OCALA FL | 2.4 CITY-ST-ZIP | Ocala, FL 34482-7800 |
| TITLE | C | 3.1 TITLE | C.V.T. |
| NAME | MCCLAINE, SALLY | 3.2 NAME | Mischianti, Louis J. |
| STREET ADDRESS | 5401 NW 44TH AVE | 3.3 STREET ADDRESS | Metro Center, One Station Place |
| CITY-ST-ZIP | OCALA FL | 3.4 CITY-ST-ZIP | Stamford, CT 06902 |
| TITLE | | 4.1 TITLE | D,V,S |
| NAME | | 4.2 NAME | Rubin, Paul A. |
| STREET ADDRESS | | 4.3 STREET ADDRESS | Metro Center, One Station Place |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Stamford, CT 06902 |
| TITLE | | 5.1 TITLE | D |
| NAME | | 5.2 NAME | Morris, Robert S. |
| STREET ADDRESS | | 5.3 STREET ADDRESS | Metro Center, One Station Place |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Stamford, CT 06902 |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing 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:  LARRY W. LINCOLN, C.E.O. 4/2/97 352-732-5878
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)