

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 724054 (2)

1. Corporation Name

MARIETTA MANAGEMENT CO., INC.



Principal Place of Business: 3421 S PENINSULA DR DAYTONA BEACH SHORES FL. 32118-6345 US
Mailing Address: 3421 S PENINSULA DR DAYTONA BEACH SHORES FL. 32118-6345 US

3. Date Incorporated or Qualified: 08/08/1972
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, Country (25-30)

4. FEI Number: 59-1631550
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

10. Name and Address of New Registered Agent

BROOKHART, BARBARA
3421 S PENINSULA DRIVE
DAYTONA BEACH FL 32018

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: COLOMBIA, RAY	
STREET ADDRESS: 3429 S. PENINSULA DR.	
CITY-ST-ZIP: DAYTONA BCH FL	
TITLE: SD	<input type="checkbox"/> DELETE
NAME: BROOKHART, BARBARA	
STREET ADDRESS: 3421 S PENINSULA DR	
CITY-ST-ZIP: DAYTONA BEACH, FL 00000	
TITLE: VD	<input type="checkbox"/> DELETE
NAME: LOUCKS, JOAN	
STREET ADDRESS: 102 SEAWAY AVE	
CITY-ST-ZIP: DAYTONA BEACH FL	
TITLE: T	<input type="checkbox"/> DELETE
NAME: LUCA, MARGE	
STREET ADDRESS: 100 SEAWAY	
CITY-ST-ZIP: DAYTONA BEACH FL	
TITLE: AST	<input type="checkbox"/> DELETE
NAME: ORZEL, LAURA	
STREET ADDRESS: 3427 S PENINSULA DR	
CITY-ST-ZIP: DAYTONA BCH FL	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: DOROTHY HARWELL	
1.3 STREET ADDRESS: 3431 S. PENINSULA DR	
1.4 CITY-ST-ZIP: DAYTONA BEACH, FL 32118	
2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: _____	
2.3 STREET ADDRESS: _____	
2.4 CITY-ST-ZIP: _____	
3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: _____	
3.3 STREET ADDRESS: _____	
3.4 CITY-ST-ZIP: _____	
4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: _____	
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 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: *Marge Luca* Feb. 18, 1996 904-761-9699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)