FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 837599 (0)

1. Corporation Name
MARBIT INCORPORATED

Principal Place of Business
P O BOX 160306
MOBILE AL 36616

Mailing Address
P O BOX 160306
MOBILE AL 36616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1976
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 63-0718313 — Applied For ☐ Not Applicable ☐

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
DICKSON, MAX L.
7200 N 9TH AVE
SUITE 6
PENSACOLA FL 32504

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 _____ DATE
Signature (could be printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	(Delete)	☒ Change ☐ Addition
NAME	CAMPUS III, JOSEPH J	1.2 NAME		
STREET ADDRESS	851 BELTLINE HWY S.	1.3 STREET ADDRESS		
CITY ST ZIP	MOBILE AL	1.4 CITY ST ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	SAINT, JOHN B.	2.2 NAME		
STREET ADDRESS	851 BELTLINE HWY S.	2.3 STREET ADDRESS		
CITY ST ZIP	MOBILE AL	2.4 CITY ST ZIP		
TITLE	SV	3.1 TITLE	S	☒ Change ☐ Addition
NAME	WESCH, PAUL C.	3.2 NAME	Wesch, Paul C.	
STREET ADDRESS	851 BELTLINE HWY S.	3.3 STREET ADDRESS	851 Beltline Hwy. S.	
CITY ST ZIP	MIBILE AL	3.4 CITY ST ZIP	Mobile, AL 36606	
TITLE	TV	4.1 TITLE	T	☒ Change ☐ Addition
NAME	ISHEE, WILLIAM H.	4.2 NAME	Ishee, William H.	
STREET ADDRESS	851 BELTLINE HWY S.	4.3 STREET ADDRESS	851 Beltline Hwy. S.	
CITY ST ZIP	MOBILE AL	4.4 CITY ST ZIP	Mobile, AL 36606	
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, JR. DONALD P.	5.2 NAME		
STREET ADDRESS	851 BELTLINE HWY S.	5.3 STREET ADDRESS		
CITY ST ZIP	MOBILE AL	5.4 CITY ST ZIP		
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	STEFAN, CHESTER J.	6.2 NAME		
STREET ADDRESS	851 BELTINE HWY S.	6.3 STREET ADDRESS		
CITY ST ZIP	MOBILE AL	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 the 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: _____ 4-26-95 (334) 476-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code) Daytime Phone #

047 (700) FP