

2-10 97 B 1574 C  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 10 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 # F94000002165 (8)**  
 1. Corporation Name  
**MARQUIS INDUSTRIES, INC.**



Principal Place of Business: P.O. BOX 1308, HIGHWAY 76, CHATSWORTH GA 30705  
 Mailing Address: P.O. BOX 1308, HIGHWAY 76, CHATSWORTH GA 30705-1308

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-29)

3. Date Incorporated or Qualified: 04/27/1994  
 3a. Date of Last Report: 06/25/1996  
 4. FEI Number: 58-1888483  
 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  
**VEAL, LAMAR**  
**5525 NORMANDY BLVD.**  
**JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent  
 81 Name: **Monroe, Pat**  
 82 Street Address (P.O. Box Number is Not Acceptable): **5525 Normandy Blvd**  
 83  
 84 City: **Jacksonville** FL 85 Zip Code: **32205**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Pat Monroe* DATE: 2/3/97  
 (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PC NAME: HURNEY, EDWARD P STREET ADDRESS: P.O. BOX 1308, HWY 76 CITY-ST-ZIP: CHATSWORTH GA	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: BAILEY, TIMOTHY A STREET ADDRESS: P.O. BOX 1308, HWY 76 CITY-ST-ZIP: CHATSWORTH GA	<input type="checkbox"/> DELETE	2.1 TITLE: P/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		3.1 TITLE: V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		3.2 NAME: Heckman, Larry 3.3 STREET ADDRESS: 1211 Percheron Drive 3.4 CITY-ST-ZIP: Dalton, GA 30720
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE: S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		4.2 NAME: Curry, Al 4.3 STREET ADDRESS: 9409 Magical View 4.4 CITY-ST-ZIP: Chattanooga, TN 37421
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Timothy A. Bailey* DATE: 1/29/97 PHONE: 706-6951060

CR2E034 (9/96)