

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
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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		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/27/1994		06/25/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		58-1888483		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution		<input type="checkbox"/>	
				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

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 

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when recasting)

DATE 2/3/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PC	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HURNEY, EDWARD P			1.2 NAME			
STREET ADDRESS	P.O. BOX 1308, HWY 76			1.3 STREET ADDRESS			
CITY-ST-ZIP	CHATSWORTH GA			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	P/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAILEY, TIMOTHY A			2.2 NAME			
STREET ADDRESS	P.O. BOX 1308, HWY 76			2.3 STREET ADDRESS			
CITY-ST-ZIP	CHATSWORTH GA			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	Heckman, Larry		
STREET ADDRESS				3.3 STREET ADDRESS	1211 Percheron Drive		
CITY-ST-ZIP				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	
NAME				4.2 NAME	Curry, Al		
STREET ADDRESS				4.3 STREET ADDRESS	9409 Magical View		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Chattanooga, TN 37421		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97

706-6951060

CR2E034 (9/96)