FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F94000002671 (5)

1. Corporation Name

MARCORP DIVERSIFIED, INC.

Principal Place of Business	Mailing Address
SUITE 1104 88 UNION AVENUE MEMPHIS TN 38103	SUITE 1104 88 UNION AVENUE MEMPHIS TN 38103

3. Date Incorporated or Qualified	05/23/1994
3a. Date of Last Report	05/01/1995
4. FEI Number	63-1043025 ☐ 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

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
SUITE 105
1201 HAYS STREET
TALLAHASSEE FL 32301

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	☐ DELETE
NAME	MILLER, HARRY	
STREET ADDRESS	88 UNION AVENUE, SUITE 1104	
CITY-ST-ZIP	MEMPHIS TN 38103	
TITLE	~~XXXX~~	☐ DELETE
NAME	~~WASHBURN, J.V.~~	
STREET ADDRESS	4721 MORRISON DRIVE	
CITY-ST-ZIP	MOBILE AL 36609	
TITLE	S	☐ DELETE
NAME	~~[illegible], JOHN~~	
STREET ADDRESS	4721 MORRISON DRIVE	
CITY-ST-ZIP	MOBILE AL 36609	
TITLE	T	☐ DELETE
NAME	EILAND, KENNY	
STREET ADDRESS	4721 MORRISON DRIVE	
CITY-ST-ZIP	MOBILE AL 36609	
TITLE	S	☒ DELETE
NAME	~~MILLER, MARIAN~~	
STREET ADDRESS	88 UNION AVE. SUITE 1104	
CITY-ST-ZIP	MEMPHIS TN	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Director	☒ Change ☐ Addition
2.2 NAME	Glenn A. Davenport	
2.3 STREET ADDRESS	same	
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary	☒ Change ☐ Addition
3.2 NAME	K. Wyatt Engwall	
3.3 STREET ADDRESS	same	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: K W Engwall Secretary 5/13/96 770-991-0351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)