

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000004887 (4)

1. Corporation Name
MARCORP, INC. OF ALABAMA

Principal Place of Business

88 UNION AVE.
STE 1104
MEMPHIS TN 38103

Mailing Address

88 UNION AVE.
STE 1104
MEMPHIS TN 38103

FILED
Aug 07 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 845 Crossover Lane

Suite, Apt. #, etc.

22 130

City & State

23 Memphis, TN

Zip

24 38117

Country

25 USA

2a. Mailing Address

26 845 Crossover Lane

Suite, Apt. #, etc.

27 130

City & State

28 Memphis, TN

Zip

29 38117

Country

30 USA

3. Date Incorporated or Qualified

10/10/1995

3a. Date of Last Report

05/22/1996

4. FEI Number

63-1131885

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MILLER, HARRY
88 UNION AVE #1104
MEMPHIS TN 38103

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MASHBURN, I.V.
4721 MORRISON DR
MOBILE AL 36609

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
S
ALEXANDER, JOHN
4721 MORRISON DR
MOBILE AL 36609

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
T
MAZZA, THOMAS
4721 MORRISON DR
MOBILE AL 36609

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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
845 Crossover Lane, Suite 130
Memphis, TN 38117

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Vice President
8384 Baymeadows Drive
Jacksonville, FL 32256

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
1210 Hillcrest Road
Mobile, AL 36695

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
1210 Hillcrest Road
Mobile, AL 36695

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 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]

7/22/97

(334) 633-9656

CR2E034 (4/97)