

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:07

DOCUMENT # **G56702** (5)

1. Corporation Name
MARIANNA INNS, INC.

Principal Place of Business Mailing Address
1-10 AT SR 71 1-10 AT SR 71
P.O. BOX 980 P.O. BOX 980
MARIANNA FL 32446 MARIANNA FL 32446

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		9. Date Incorporated or Qualified 08/25/1983	3a. Date of Last Report 04/29/1994
21. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-2333837		Applied For Not Applicable	
22. City & State	28. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	29. Country	30. Zip		30. Country	
24. Zip		25. Country		29. Zip	
26. Country		30. Zip		30. Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BREWTON, FLOYE INTERSTATE 10 AT SR 71 PO BOX 980 MARIANNA FL 32446				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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, RICHARD S.	1.2 NAME	
STREET ADDRESS	2730 COUNTRY WOODS LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL	1.4 CITY - ST - ZIP	34683
TITLE	DP	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWTON, FLOYE E.	2.2 NAME	
STREET ADDRESS	242 W. LAFAYETTE STREET	2.3 STREET ADDRESS	4346 W. Lafayette
CITY - ST - ZIP	MARIANNA FL 0	2.4 CITY - ST - ZIP	32446
TITLE	D	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, KENNETH	3.2 NAME	
STREET ADDRESS	105 CHESTNUT ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	WARNER ROBINS GA	3.4 CITY - ST - ZIP	31088
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), 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 on Block 12 of Block 13, if so listed, or on an attachment thereto.

SIGNATURE: Floye E. Brewton 2-6-95 904-526-5666
 SIGNATURE AND TYPE OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR
 Floye E. Brewton, President