

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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H30766 (0)

1. Corporation Name

MARCUS N. LEMON, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1102
FLGLER BEACH FL 32136

P.O. BOX 1102
FLGLER BEACH FL 32136



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/20/1984	3a. Date of Last Report 04/26/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2470570	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHIUMENTO, MICHAEL D.
326 MOODY BLVD.
P.O. BOX 99
FLGLER BEACH FL 32036

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP LEMON, MARCUS N. P.O. BOX 1102 N/A FLGLER BEACH FL	1.1 TITLE	DP Marcus N. Lemon
NAME		1.2 NAME	1261 Hwy 302
STREET ADDRESS		1.3 STREET ADDRESS	Bunnell, FL 32110
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D LEMON, SHARON S. P.O. BOX 1102 N/A FLGLER BEACH FL	2.1 TITLE	D Sharon S. Lemon
NAME		2.2 NAME	1261 Hwy 302
STREET ADDRESS		2.3 STREET ADDRESS	Bunnell, FL 32110
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S LEMON, LYNNETTE B. P.O. Box 2121 BUNNELL FL	3.1 TITLE	S Lynnette B. Lemon
NAME		3.2 NAME	2320 Blueberry St.
STREET ADDRESS		3.3 STREET ADDRESS	Bunnell, FL 32110
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T LEMON, LINDA 6469 BASSWOOD AVE BUNNELL FL	4.1 TITLE	T Linda Lemon
NAME		4.2 NAME	6469 Basswood Ave.
STREET ADDRESS		4.3 STREET ADDRESS	Bunnell, FL 32110
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	700001854947
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-06/07/96--01012--012
TITLE		6.1 TITLE	***200.00
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 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:

Lynnette B. Lemon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

4-29-96

904-437-4732

CR2E034 (12/95)