## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

May 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H64556 (4)**MABRY CORPORATION** Principal Place of Business Mailing Address RT. 4.BOX 2090 RT. 4.BOX 2090 U.S. 27 NORTH U.S. 27 NORTH HAVANA FL 32333 DO NOT WRITE IN THIS SPACE HAVANA FL 32333 3. Date incorporated or Qualified 07/01/1985 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2749694 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PEAVY, M.D. III RT 4 BOX 2090 Street Address (P.O. Box Number is Not Acceptable) 82 HAVANA FL 32333 83 Zip Code City 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition PEAVY, M D III 1.2 NAME 1810 SAGE WAY DRIVE STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL CATY-ST-ZIP 1.4 City-ST-ZIP DELETE Change TITLE 21 TITLE Addition PEAVY, GLORIA NAME 2.2 NAME **ROUTE 4, BOX 2190** STREET ADDRESS 2.3 STREET ADDRESS HAVANA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change \_\_ Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

4/29/98

(850) 529-5019

14. I 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 13 if changed, or on an attachment with an address.

Gloria

CITY-ST-ZIP

SIGNATURE:

**FILED**