FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J59314 (1)

1. Corporation Name
MARK MANAGEMENT, INC.

Principal Place of Business	Mailing Address
980 MONTGOMERY RD 3 ALTAMONTE SPRINGS FL 32714	980 MONTGOMERY RD 3 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 02/24/1987
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2774603 — 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

9. Name and Address of Current Registered Agent

~~FOUNTAIN, DENNIS F.~~
~~1250 S US HWY 1972~~
~~STE 250~~
~~LONGWOOD FL 32750~~

10. Name and Address of New Registered Agent

81 Name: Meridythe Kanaga
82 Street Address (P.O. Box Number is Not Acceptable): 980 Montgomery Road
83 Suite 3
84 City: Altamonte Springs FL 85 Zip Code: 32714

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: *Meridythe Kanaga* — 4/13/95
SIGNATURE OF REGISTERED AGENT — DATE

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.	Officers and Directors	13.	Additions/Changes
TITLE	P	1 TITLE	[X] Change [ ] Addition
NAME	KANAGA, MERIDYTHE	1 NAME	
STREET ADDRESS	~~100 W HILLCREST ST~~	1 STREET ADDRESS	980 Montgomery Rd., #3
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL~~	1 CITY-ST-ZIP	Altamonte Springs, Fl 32714
TITLE	ST	2 TITLE	[X] Change [ ] Addition
NAME	KANAGA, RICK	2 NAME	
STREET ADDRESS	~~100 W.HILLCREST ST.~~	2 STREET ADDRESS	980 Montgomery Rd., #3
CITY-ST-ZIP	~~ALTAMONTE SPGS. FL~~	2 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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: *Meridythe Kanaga* — Meridythe Kanaga, 4/13/95 — 407/862-2292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

3:57

LABELLE, FLORIDA

DOCUMENT # **J59691** **(2)**

1. Corporate Name

NEW HOPE GROVES, INC.

Principal Place of Business	Mailing Address
HWY78-A P.O. BOX 2357 LABELLE FL 33935	HWY78-A P.O. BOX 2357 LABELLE FL 33935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/24/1987**

3a. Date of Last Report: **02/09/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25: Zip — 29: Country — 30:

4. FEI Number: **59-2767065** ☐ 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 totally or partially tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PAUL, BRYAN
HWY 78-A
P.O. BOX 2357
LABELLE FL 33935

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 Section(s) 607.0505 and/or 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(s) 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ Change ☐ Addition
NAME	PAUL, BRYAN	
STREET ADDRESS	HWY 78-A	
CITY-ST-ZIP	LABELLE FL	
TITLE	D	☐ Change ☐ Addition
NAME	PAUL, MARGARET W.	
STREET ADDRESS	HWY 78-A	
CITY-ST-ZIP	LABELLE FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I declare that I have read the foregoing and that the facts stated in it are true. I am aware that the information given in this report may be filed with a state agency. I understand that the penalty for knowingly giving false information to a state agency includes a fine of up to $5,000 and imprisonment for up to 5 years.

SIGNATURE: BRYAN PAUL 5/1/95 (813) 675-4410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0334888 CP