FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **J84262** **(1)**

1. Corporation Name
THE MARKET OF MARION LAND COMPANY.

Principal Place of Business
12888 SE HWY. 441
BELLEVIEW FL 34420
US

Mailing Address
12888 SE HIGHWAY 441
BELLEVIEW FL 34420
US

3. Date Incorporated or Qualified: **07/21/1987**
3a. Date of Last Report: **02/14/1995**

4. FEI Number: **59-2826241** — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

SHADDIX, STEVEN L.
2410 SE 29TH STREET
OCALA 34471

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 607.1506, 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 _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SHADDIX, WILLIAM O. II	
STREET ADDRESS	1 DEER MOSS TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	☐ DELETE
NAME	GORDON, SHARON S.	
STREET ADDRESS	7611 TIMBERLEY CT.	
CITY-ST-ZIP	MCLEAN VA	
TITLE	STD	☐ DELETE
NAME	FOX, SHARLENE S.	
STREET ADDRESS	855 PINE FOREST TRAIL W.	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	D	☐ DELETE
NAME	SHADDIX, MADELINE E.	
STREET ADDRESS	6 HOMAN TERRACE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VPD	☐ DELETE
NAME	SHADDIX, STANLEY WILLIAM	
STREET ADDRESS	2130 OLD DAYTONA RD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	PD	☐ DELETE
NAME	SHADDIX, STEVEN L.	
STREET ADDRESS	2410 SE 29TH STREET	
CITY-ST-ZIP	OCALA FL	

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		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 is voluntarily furnished and 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: STEVEN L. SHADDIX 3/15/96 352-245-6766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)