

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

FILED

May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
BELLEVUE FL 34420  
US

Mailing Address

12888 SE HIGHWAY 441  
BELLEVUE FL 34420-4506  
US

3. Date Incorporated or Qualified  
07/21/1987

3a. Date of Last Report  
03/20/1996

4. FEI Number  
59-2826241

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

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 607.1508, 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHADDIX, WILLIAM O. II	1.2 NAME	
STREET ADDRESS	1 DEER MOSS TRAIL	1.3 STREET ADDRESS	
CITY- ST- ZIP	ORMOND BEACH FL	1.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, SHARON S.	2.2 NAME	
STREET ADDRESS	7611 TIMBERLEY CT.	2.3 STREET ADDRESS	
CITY- ST- ZIP	MCLEAN VA	2.4 CITY- ST- ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, SHARLENE S.	3.2 NAME	
STREET ADDRESS	855 PINE FOREST TRAIL W.	3.3 STREET ADDRESS	
CITY- ST- ZIP	PORT ORANGE FL	3.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHADDIX, MADELINE E.	4.2 NAME	
STREET ADDRESS	6 HOMAN TERRACE	4.3 STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BEACH FL	4.4 CITY- ST- ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHADDIX, STANLEY WILLIAM	5.2 NAME	
STREET ADDRESS	2130 OLD DAYTONA RD	5.3 STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BEACH FL	5.4 CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHADDIX, STEVEN L.	6.2 NAME	
STREET ADDRESS	2410 SE 29TH STREET	6.3 STREET ADDRESS	
CITY- ST- ZIP	OCALA FL	6.4 CITY- ST- ZIP	

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)