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APPROVED AND FILED
95 MAY -1 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # K40108 (8)

1. Corporate Name
MARILYN PRICE ENTERPRISES, INC.

Principal Place of Business
% MARILYN PRICE
1133 HICKORY DRIVE
LARGO FL 34640-4281

Mailing Address
% MARILYN PRICE
1133 HICKORY DRIVE
LARGO FL 34640-4281

FOR OFFICE USE ONLY

3. Date Incorporated or Qualified: 10/17/1988
3a. Date of Last Report: 04/27/1994

2. FEI Number (21): 59-2916943 — Applied For / Not Applicable

2a. Mailing Address (26)

Suite Apt. # (22) / Suite Apt. # (27)

City (23) / City State (28)

Zip (24) / Zipcode (25) / Zip (29) / Zipcode (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. Is this corporation to be governed by Section 607.0901 Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRICE, MARILYN
1133 HICKORY DRIVE
LARGO FL 34640

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 607.0505 and 607.1908 Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	PRICE, MARILYN
STREET ADDRESS	1133 HICKORY DRIVE
CITY, ST, ZIP	LARGO FL
TITLE	VP
NAME	JORDAN, STEPHANIE
STREET ADDRESS	321 HOWARD DR
CITY, ST, ZIP	LARGO FL
TITLE	ST
NAME	PRICE, JOHN
STREET ADDRESS	1133 HICKORY DR
CITY, ST, ZIP	LARGO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is accurate and complete and does not qualify for the exemption stated in Section 607.0505 Florida Statutes. Further, I hereby certify that the corporation has paid the annual report or supplemental annual report fee, and is current and that no signature shall bear the same legal effect as if made under oath. That I am an officer or director of the corporation or the manager or limited partner of the limited liability company or a receiver or trustee or other fiduciary to whom the management of the business or affairs has been delegated by a court of competent jurisdiction.

SIGNATURE: 1/1/95 813-584-5504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marilyn B. Price

037(240) CP