

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K97646** (9)

1. Corporation Name

MABRY ASSOCIATES OF FLORIDA, INC.



Principal Place of Business

3150 N. REPUBLIC BOULEVARD
SUITE 2
TOLEDO OH 43615
US

Mailing Address

3150 N. REPUBLIC BOULEVARD
SUITE 2
TOLEDO OH 43615
US

2. Principal Place of Business

2a. Mailing Address

| | | | |
|----|--------------------|----|--------------------|
| 21 | Suite, Apt. #, et. | 26 | Suite, Apt. #, et. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Zip |
| 24 | Country | 29 | Country |
| 25 | | 30 | |

9. Name and Address of Current Registered Agent

**EDMOND J. KUNMANN
465 EAST PALMETTO PARK RD
BOCA RATON FL 33432**

| | |
|---|---|
| 3. Date incorporated or Qualified | 3a. Date of Last Report |
| 06/23/1989 | 04/24/1995 |
| 4. F.I. Number | Applied For |
| 65-0127126 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 10. Name and Address of New Registered Agent | |

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

11. Pursuant to the provisions of Sections 607.012 and 607.013, 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. The officer or officers authorized to do so on behalf of the corporation, in and to the best of their knowledge, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.012 and 607.013, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | | | |
|----|------------------|--------------------------|----------------------------------|
| 1 | NAME | D MABRY, GUY | <input type="checkbox"/> DELETED |
| 2 | STREET ADDRESS | 4500 GULF SHORE BLD #121 | |
| 3 | CITY, STATE, ZIP | NAPLES FL | |
| 4 | TITLE | | <input type="checkbox"/> DELETED |
| 5 | NAME | | <input type="checkbox"/> DELETED |
| 6 | STREET ADDRESS | | |
| 7 | CITY, STATE, ZIP | | |
| 8 | TITLE | | <input type="checkbox"/> DELETED |
| 9 | NAME | | <input type="checkbox"/> DELETED |
| 10 | STREET ADDRESS | | |
| 11 | CITY, STATE, ZIP | | |
| 12 | TITLE | | <input type="checkbox"/> DELETED |
| 13 | NAME | | <input type="checkbox"/> DELETED |
| 14 | STREET ADDRESS | | |
| 15 | CITY, STATE, ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|----|------------------|--|---|
| 16 | NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17 | STREET ADDRESS | | |
| 18 | CITY, STATE, ZIP | | |
| 19 | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20 | NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 | STREET ADDRESS | | |
| 22 | CITY, STATE, ZIP | | |
| 23 | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 24 | NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 25 | STREET ADDRESS | | |
| 26 | CITY, STATE, ZIP | | |
| 27 | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 28 | NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 29 | STREET ADDRESS | | |
| 30 | CITY, STATE, 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)(a), Florida Statutes. I further certify that the information included on this form is correct to the best of my knowledge and belief, 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 registered agent, or both, as provided for in s. 607.012, Florida Statutes, and that my name appears in Block 12 or Block 13. My signature, or that of the agent, must be typed on this form.

SIGNATURE: *Guy O. Mabry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Guy O. Mabry, President

447790
449-841-113
DATE FILED

CR2E034 (12/95)