

**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 # **L31732 (5)**  
1. Corporation Name  
**MARK'S GRADALL SERVICE INC.**



Principal Place of Business  
**%MARK ZORN  
2202 COLUMBUS DR  
BRANDON FL 33510**

Mailing Address  
**%MARK ZORN  
2202 COLUMBUS DR  
BRANDON FL 33510**

3. Date Incorporated or Qualified **11/20/1989** 3a. Date of Last Report **02/06/1995**

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

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

4. FEI Number **59-2987062** 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**

**10. Name and Address of New Registered Agent**

**ZORN, MARK  
2202 COLUMBUS DR  
BRANDON FL 33510**

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

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's signature required when re-registering.)

DATE:

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>ZORN, MARK</b> <input type="checkbox"/> DELETE
STREET ADDRESS	<b>2202 COLUMBUS DRIVE</b>
CITY-ST-ZIP	<b>BRANDON FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>ZORN, CHARLOTTE</b> <input type="checkbox"/> DELETE
STREET ADDRESS	<b>2202 COLUMBUS DRIVE</b>
CITY-ST-ZIP	<b>BRANDON FL</b>
TITLE	<b>V</b>
NAME	<b>ZORN, MARK, WAYNE</b> <input type="checkbox"/> DELETE
STREET ADDRESS	<b>2202 COLUMBUS DR</b>
CITY-ST-ZIP	<b>BRANDON FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Charlotte F. Zorn* **CHARLOTTE F. ZORN** 1-15-96 (813)626-7686

CR2E034 (12/95)