

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:22

DOCUMENT # L91601 (9)

1. Corporation Name
MARJUDIX, INC.

Principal Place of Business
**6712 N.W. 18TH DR
GAINESVILLE FL 32606**

Mailing Address
**6712 N.W. 18TH DR
GAINESVILLE FL 32606**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/02/1990

3a. Date of Last Report
03/16/1994

4. FEI Number
59-3020993

Applied For
 Not Applicable

5. Certificate of Status Desired **\$6.75 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

2. Principal Place of Business
21

2a. Mailing Address
25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country
32653-1646 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOULD, ROBERT W.
6712 N.W. 18TH DR
GAINESVILLE FL 32606**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	GOULD, ROBERT W.
STREET ADDRESS	11103 N.W. 11TH AVENUE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	GOULD, MARCIA R.
STREET ADDRESS	11103 N.W. 11TH AVENUE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	LEWIS, RICHARD O.
STREET ADDRESS	3811 N.W. 23RD PLACE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	LEWIS, JUDY S.
STREET ADDRESS	3811 N.W. 23RD PLACE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	PROCTOR, CHARLES L. II
STREET ADDRESS	6051 N.W. 19TH LANE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	PROCTOR, DIXIE L.
STREET ADDRESS	6051 N.W. 19TH LANE
CITY - ST - ZIP	GAINESVILLE FL

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 110.07(3)(a), 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:

Judy S. Lewis

Judy S. Lewis

1-26-95

(904) 375-7687

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Agent Phone #